

INVA	1. LAST NAME-FIRST NAME-MIDDLE NAME SHOLLY DAVID EUGENE		2. SERVICE NUMBER AF11801483		3. SOCIAL SECURITY NUMBER [REDACTED]	
	PERSONAL 4. AIR FORCE, RegAF		5. GRADE Ssgt		6. PAY GRADE E5	
SELECTIVE SERVICE DATA	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Mishawaka, Indiana		9. DATE OF BIRTH DAY: 1 MONTH: Jan YEAR: 71 DAY: 4 MONTH: Mar YEAR: 48	
	10. SELECTIVE SERVICE NUMBER 6 2 48 255		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#2, Hartford, Hartford, CT		12. DATE INDUCTED DAY: MONTH: YEAR: na	

TRANSFER OR ON/OFF DATA	RELEASE FROM ACTIVE DUTY		George AFB, California	
	13. REASON FOR TRANSFER USAFMPC (DPMKO) Ltr dtd 25Sep70 para 3-81 Sec E AFM 39-10 (SDN 413)		14. EFFECTIVE DATE DAY: 23 MONTH: Feb YEAR: 71	
	15. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 479th Scty Pol Sq (TAC)		16. CHARACTER OF SERVICE HONORABLE	
	17. DISTRICT AREA COMMAND OR CORPS TO WHICH TRANSFERRED HSAPR		18. REENTRY STATEMENT CODE RE-1	

SERV. DATA	DAY: 16 MONTH: Mar YEAR: 73		19. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED		SERVICE (Years) 4	
	20. PRIOR REGULAR ENLISTMENTS None		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AIRMAN BASIC		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) New Haven, CT	
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) RFD Thrall Road		24. STATEMENT OF SERVICE		YEARS MONTHS DAYS	
	25. SPECIALTY NUMBER & TITLE 81150 Scty Guard		26. TOTAL ACTIVE SERVICE		03 08 09	
27. OPERATIONS MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, AFM 900-3. RVCM, AFM 900-3. VSM, w/1BrSS, AFM 900-3. SAEMR, OSG-53, 306BWg, 19Oct67. AFGCM, (15Jun67-70Jun14) AFM 900-3.						

HIGH SCHOOL - **Air Pol - AP Supv ECI, 77150, 1968.**

Received For Record This 16 Day of Jan 74
EUGENE A. BASKER, Recorder
St. Joseph County, Indiana

VA AND SIF SERVICE DATA	28. MONTHS PAY FOR TIME LOST No Time Lost		29. DAYS ACCRUED LEAVE PAID 13		30. INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31. AMOUNT OF ALLOTMENT na		32. MONTH ALLOTMENT na	
	33. VA CLAIM NUMBER na		34. SERVICE MEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> NONE							

BEM	35. BLOOD GROUP Blood Group: A POS.	
	36. LINEAGE LNAC, 0JULIO7, FT. HOLBROOK, NM., 1967-1970	

NOTATION	37. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 25738 Grant Road South Bend, Indiana 46619		38. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>David E. Sholly</i>	
	39. TITLE, GRADE AND TITLE OF AUTHORIZING OFFICER Chief, CAC		40. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>	

