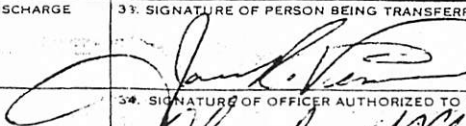


THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME VINSON JAMES ROBERT		2. SERVICE NUMBER AF 11841527		3. SOCIAL SECURITY NUMBER ██████ 5253		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		5a. GRADE, RATE OR RANK SGT	b. PAY GRADE E4	6. DATE OF RANK DAY MONTH YEAR 01 11 70		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) NEW YORK NY		9. DATE OF BIRTH DAY MONTH YEAR 22 06 50		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER UNK		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE UNK			c. DATE INDUCTED DAY MONTH YEAR NA	
	11a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY		b. STATION OR INSTALLATION AT WHICH EFFECTED WESTOVER AFB MA 01022				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10 ch 3 sec B para 3-8j SDN 413 DP LTR DTD 22 MAY 72		d. EFFECTIVE DATE DAY MONTH YEAR 01 09 72		12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 99 SPS (SAC)		
	13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NA				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAFR		15. REENLISTMENT CODE RE-1				
	16. TERMINAL DATE OF RESERVE/UMT & OBLIGATION DAY MONTH YEAR 23 10 74		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER AFOT 113		b. TERM OF SERVICE (Years) 4		c. DATE OF ENTRY DAY MONTH YEAR 24 10 68
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) NEW YORK NY			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) NEW YORK NY		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS	
23a. SPECIALTY NUMBER & TITLE 81150 SEC POLICE MAN		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER GUARD 372.169		a. CREDITABLE FOR BASIC PAY PURPOSES			
				(1) NET SERVICE THIS PERIOD 03 10 08			
				(2) OTHER SERVICE 00 00 00			
				(3) TOTAL (Line (1) plus Line (2)) 03 10 08			
				b. TOTAL ACTIVE SERVICE 03 10 08			
				c. FOREIGN AND/OR SEA SERVICE 01 00 00			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFM 900-3 VSM AFM 900-3 RVCM AFM 900-3 AFGCM AFM 900-3							
25. EDUCATION AND TRAINING COMPLETED BASIC MIL TNG COMPL 68 // SEC POL CRSE COMPL 69 //							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NO TIME LOST		b. DAYS ACCRUED LEAVE PAID 16 DAYS		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
					b. AMOUNT OF ALLOTMENT NA		
		28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE			
30. REMARKS HIGH SCHOOL GRADUATE BLOOD GROUP B POS AQE SCORES M45A95G70E55 DAFSC 81150							
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 52 N COLEMAN RD., CENTER BEACH NY 11720			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CHARLES W MILTON MSGT USAF NCOIC CAC			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 