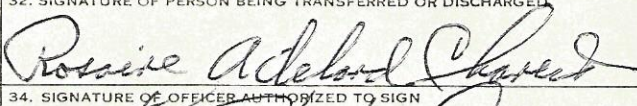


**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

<b>PERSONAL DATA</b>	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>CHAREST ROSAIRE ADELARD</b>				2. SERVICE NUMBER <b>AF11185809</b>			3. SOCIAL SECURITY NUMBER <b>035   20   8096</b>															
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>				5a. GRADE, RATE OR RANK <b>TSGT</b>		b. PAY GRADE <b>E6</b>	6. DATE OF RANK <b>01   JUL   72</b>															
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. PLACE OF BIRTH (City and State or Country) <b>MANVILLE R. I.</b>				9. DATE OF BIRTH <b>07   NOV   30</b>															
<b>SELECTIVE SERVICE DATA</b>	10a. SELECTIVE SERVICE NUMBER <b>NA</b>				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>				c. DATE INDUCTED <b>NA</b>														
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>DISCHARGE</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TAN SON NHUT AB RVN</b>																		
<b>TRANSFER OR DISCHARGE DATA</b>	c. REASON AND AUTHORITY <b>AFM 39-10, CHAP 3, SEC A, PARA 3-2, SDN 900, ETS</b>						d. EFFECTIVE DATE <b>31   AUG   72</b>																
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>377 AB WG PACAF</b>				13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>DD FORM 256AF</b>															
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>							15. REENLISTMENT CODE <b>NA</b>															
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY MONTH YEAR <b>NA</b>			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER				b. TERM OF SERVICE (Years) <b>4 4/12</b>		c. DATE OF ENTRY DAY MONTH YEAR <b>16   MAY   68</b>													
18. PRIOR REGULAR ENLISTMENTS <b>FOUR</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>SSGT</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>TAN SON NHUT AB RVN</b>																		
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>200 DANA ST WOONSOCKET R. I. 02895</b>				22. STATEMENT OF SERVICE			YEARS			MONTHS			DAYS										
							a. CREDITABLE FOR BASIC PAY PURPOSES			(1) NET SERVICE THIS PERIOD			<b>04</b>			<b>03</b>			<b>15</b>				
23a. SPECIALTY NUMBER & TITLE <b>70270 ADMIN TECH</b>				b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NONE</b>			(2) OTHER SERVICE			<b>17</b>			<b>09</b>			<b>15</b>							
							(3) TOTAL (Line (1) plus Line (2))			<b>22</b>			<b>01</b>			<b>00</b>							
				b. TOTAL ACTIVE SERVICE			<b>20</b>			<b>10</b>			<b>09</b>										
				c. FOREIGN AND/OR SEA SERVICE			<b>02</b>			<b>07</b>			<b>08</b>										
<b>SERVICE DATA</b>												24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>PUC W/1OLC SOG-804 11JUL68-31AUG69 70/AFCM W/1OLC SOG-266 7th AF 27JAN71/AFGCM 29DEC67-28DEC70 AFM 900-3/VSM W/2BSS AFM 900-3/RVCM AFM 900-3/</b>											
												25. EDUCATION AND TRAINING COMPLETED <b>ADMIN SUPVR CRSE 70270 COMPL 69/MGT FOR AF SUPVR CRSE COMPL 70/</b>											
<b>VA AND EMP. SERVICE DATA</b>	26 a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO NON PAY PERIOD NO TIME LOST</b>				b. DAYS ACCRUED LEAVE PAID		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>			c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>											
	28. VA CLAIM NUMBER <b>C- NA</b>				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																		
<b>REMARKS</b>	30. REMARKS <b>HS GRAD/BLOOD GP O PCS/AQE MECH-40, ADMIN-80, GEN-80, DEC55/DAFSC 70270/BI 26MAY65 DIST OSI 4th BOLLING AFB, DC/</b>																						
<b>AUTHENTICATION</b>	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>SAME AS ITEM#21</b>						32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 																
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>T. K. RUTHERFORD, MSGT, USAF NCOIC, CAREER ASSISTANCE &amp; COUNSELING</b>						34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 