

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

891

1. NAME (Last, First, Middle) BEEBROW DAVID JOEL		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - 849 AF		3. SOCIAL SECURITY NO. 849 849 849	
4.a. GRADE, RATE OR RANK SP2	4.b. PAY GRADE E-4	5. DATE OF BIRTH (YYMMDD) 1960 JUN 27		6. RESERVE OBLIG. TERM. DATE Year: 1992 Month: 06 Day: 27	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND MEPS AF		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) KLAMATH FALLS OR			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 337 CES (MAD)		8.b. STATION WHERE SEPARATED CHARLESTON AFB SC			
9. COMMAND TO WHICH TRANSFERRED HSAF2				10. SGLI COVERAGE Amount: \$ 100,000.00 <input type="checkbox"/> None	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 57150 - FIRE PROTECTION SPECIAL 4 YEARS AND 2 MONTHS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period 1992 DEC 1			
		b. Separation Date This Period 1992 FEB 21			
		c. Net Active Service This Period 04 04 00			
		d. Total Prior Active Service 00 00 00			
		e. Total Prior Inactive Service 00 00 00			
		f. Foreign Service 00 00 00			
		g. Sea Service 00 00 00			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AF ACHIEVEMENT MEDAL. AF GOOD CONDUCT MEDAL. NATIONAL DEFENSE SERVICE. AF OVERSEAS LONG RIBBON. AF TRAINING RIBBON.		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) BASIC MILITARY TRAINING. 6 WEEKS. FEB 87.			
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. DAYS ACCRUED LEAVE PAID <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS TERM OF CURRENT ENLISTMENT: 4 YEARS. EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT. SUBJECT TO RECALL TO ACTIVE DUTY AND/OR ANNUAL SCREENING. SERVED 2 AUG 90 TO 23 FEB 91 IN SUPPORT OF OPERATION DESERT SHIELD/STORM NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4110 LAUREL DR CORVALLIS OR 97339			19.b. NEAREST RELATIVE (Name and address - include Zip Code) WILLIAM L BEEBROW 4110 LAUREL DR CORVALLIS OR 97339		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, title and signature) FLORENCE WILSON, ASST. UNAT NCOIC, TRAINING AND SERVS UNIT		
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
25. SEPARATION AUTHORITY AFR 30-10	26. SEPARATION CODE 415	27. REENTRY CODE 17
28. NARRATIVE REASON FOR SEPARATION COMPLETE EXTENDED ENLISTMENT		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 [Initials]

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER 4

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the _____ 12th _____ day
of _____ Jan _____ A.D., 19 _____ 93 at 3:35 o'clock _____ P.M., and duly recorded in Vol. _____ M93
of _____ Discharges _____ on Page _____ 890

FEE none

By Evelyn Biehn County Clerk

By [Signature]