

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

14639

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) KOPLIN PAUL DOUGLAS		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - ARGUS		3. SOCIAL SECURITY NO. 561 04 1905	
4.a. GRADE, RATE OR RANK SNET		4.b. PAY GRADE E-5		5. DATE OF BIRTH (YYMMDD) 55MAR12	
6. RESERVE OBLIG. TERM. DATE Year 96, Month 11, Day 07		7.a. PLACE OF ENTRY INTO ACTIVE DUTY KLAMATH FALLS, OR 97603-6555			
7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 4410 CARLON WAY KLAMATH FALLS, OR 97603-6555		8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 11A 75 (000)			
8.b. STATION WHERE SEPARATED PORTLAND IAP, PORT, OR 97218-2757		9. COMMAND TO WHICH TRANSFERRED NONE STATE OF OREGON			
10. SGLI COVERAGE Amount: \$ 100,000		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.) 46230F - F16 AIRCRAFT ARMAMENT SYSTEMS SPECIALIST 05 MONTHS//////////			
12. RECORD OF SERVICE		Year(s) Month(s) Day(s)			
a. Date Entered AD This Period		1992 FEB 13			
b. Separation Date This Period		1992 JUL 02			
c. Net Active Service This Period		00 05 20			
d. Total Prior Active Service		08 03 27			
e. Total Prior Inactive Service		01 02 05			
f. Foreign Service		00 00 00			
g. Sea Service		00 00 00			
h. Effective Date of Pay Grade		1991 MAR 15			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

AIR FORCE OUTSTANDING UNIT AWARD, NATIONAL DEFENSE SERVICE MEDAL, AIR FORCE LONGEVITY SERVICE AWARD W/1 DEV, NCO PROFESSIONAL MILITARY EDUCATION GRADUATION RIBBON, AIR FORCE TRAINING RIBBON//////////

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

F-16 AIRCRAFT ARMAMENT SYSTEMS SPECIALIST COURSE, 15 WEEKS, MAY 92//////////

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID	12.0
		X		X			

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

18. REMARKS

TERM OF CURRENT ENLISTMENT: 06 YEARS. ///////////
//////////NOTHING FOLLOWS//////////

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4410 CARLON WAY KLAMATH FALLS, OR 97603-6555	19.b. NEAREST RELATIVE (Name and address - include Zip Code) WILLIAM D. KOPLIN (FATHER) 6550 ASLIN WAY CANTICHAEL, CA 95606
--	---

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS	Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) PAUL D. KOPLIN, JR. DIRECTOR PERSONNEL
		X	

21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]
--

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE FROM ACTIVE DUTY	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY [Signature]	26. SEPARATION CODE NOT APPLICABLE	27. REENTRY CODE NOT APPLICABLE
28. NARRATIVE REASON FOR SEPARATION [Signature]		
29. DATES OF TIME LOST DURING THIS PERIOD		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 Paul Koplin the 21st day
of June A.D., 19 93 at 2:46 o'clock P M., and duly recorded in Vol. M93,
of Discharges on Page 14638.

Evelyn Biehn - County Clerk
By Pauline M. Mendenhall

FEE none