

93013618

LEGEND: Insert N/A to the items below which are not applicable.

PERSONAL DATA	1. LAST NAME · FIRST NAME · MIDDLE NAME <b>Scales Willie Norris</b>			2. SERVICE NUMBER <b>AF 16 418 892</b>			30. GRADE, RATE OR RANK <b>A/1C(P)</b>			31. DATE OF RANK (Day, Month, Year) <b>1 Feb 56</b>						
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE Reg AF</b>			5. PLACE OF BIRTH (City and State or Country) <b>Louann, Arkansas</b>			6. DATE OF BIRTH DAY MONTH YEAR <b>12 Mar 32</b>									
	70. RACE <b>Negroid</b>		71. SEX <b>Male</b>		8. COLOR HAIR <b>Black</b>		9. COLOR EYES <b>Brown</b>		11. HEIGHT <b>6'2 1/2"</b>		12. WEIGHT <b>160</b>		13. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. MARITAL STATUS <b>Single</b>	
	100. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>College-2</b>			110. MAJOR COURSE OR FIELD <b>General Education</b>												
TRANSFER OR DISCHARGE DATA	110. TYPE OF TRANSFER OR DISCHARGE <b>Release from Active Mil Service</b>						111. STATION OR INSTALLATION AT WHICH EFFECTED <b>Bolling Air Force Base 25, DC</b>									
	112. REASON AND AUTHORITY <b>(SDN 201) Expiration of Term of Service</b>						113. EFFECTIVE DATE DAY MONTH YEAR <b>4 Aug 56</b>									
	114. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>6973 Support Squadron, USAF 99</b>			115. CHARACTER OF SERVICE <b>HONORABLE</b>			116. TYPE OF CERTIFICATE ISSUED <b>DD Form 217AF</b>									
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER <b>12 44 32 233</b>			15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>IB #111 Gary (Lake) Indiana</b>						16. DATE INDUCTED DAY MONTH YEAR <b>N/A N/A N/A</b>						
	17. DISTRICT OR AREA COMMAND TO WHICH REGISTRANT TRANSFERRED <b>AFRes</b>															
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR <b>4 Aug 60</b>			19. 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 b. OTHER: <b>AFOT-2(57-III)</b>						20. TERM OF SERVICE (Years) <b>4</b>		21. DATE OF ENTRY DAY MONTH YEAR <b>5 Aug 52</b>				
	20. PRIOR REGULAR ENLISTMENTS <b>None</b>			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Base of Alameda County Records, Indiana</b>												
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>1992 Maryland Street Gary (Lake) Indiana</b>			24. STATEMENT OF SERVICE			YEARS MONTHS DAYS			STATE OF						
	250. SPECIALTY NUMBER AND TITLE <b>29250 Crypto Opr</b>			25. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER <b>1-35-40 Cryptographer</b>			a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) + Line (2))			b. TOTAL ACTIVE SERVICE			c. FOREIGN AND/OR SEA SERVICE			
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>National Defense Service Medal Good Conduct Medal</b>															
	27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>None</b>															
	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED									
SCHOOL OR COURSE			DATES (From - To)			MAJOR COURSES										
<b>FE Warren AFB Wyo</b>			<b>Dec 52 - Feb 53</b>			<b>Bsc Clk Typist</b>										
<b>Scott AFB Ill</b>			<b>Feb 53 - Apr 53</b>			<b>Crypto Opr</b>			<b>None</b>							
VA DATA	300. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						31. AMOUNT OF ALLOTMENT <b>N/A</b>			32. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>						
	310. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>None</b>						33. VA CLAIM NUMBER <b>N/A</b>			34. VA CLAIM NUMBER <b>N/A</b>						
AUTHENTICATION	32. REMARKS <b>Blood Group "O" FSSD 16 Sep 55 No time lost Paid for 45 days accrued leave CBI 3 Feb 53 filed 14th OSI Dist ACB SCORES: MECH 4 CLER 6 EQP OPR 3 RAD OPR 5 TECH SP 5 SERV 7 CRAFTS 4 ELECTS 7</b>															
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>See Item #23</b>						34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Willie N. Scales</i>									
	350. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>D. L. McLAUGHLIN Capt, USAF Base Separations Officer</b>						36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>D. L. McLaughlin</i>									

DD FORM NOV 55 214

REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE AFTER 1 JULY 1956.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

11 AC