

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) **STRADER BRIAN ROBERT** 2. DEPARTMENT, COMPONENT AND BRANCH **AIR FORCE - REG AF** 3. SOCIAL SECURITY NO. **311 | 90 | 0672**

4.a. GRADE, RATE OR RANK **SRA** 4.b. PAY GRADE **E4** 5. DATE OF BIRTH (YYMMDD) **750529** 6. RESERVE OBLIG. TERM. DATE  
 Year 01 | Month 12 | Day 02

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **Indianapolis IN** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **Cedar Lake IN**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **86 TRANS (USAFE)** 8.b. STATION WHERE SEPARATED **Ramstein AB GE**

9. COMMAND TO WHICH TRANSFERRED **USAFR** 10. SGLI COVERAGE  None  
 Amount: \$ 200,000

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.) <b>2T151 - Vehicle Operations Journeyman 4 years and 1 month</b>	12. RECORD OF SERVICE		
	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	<b>1993</b>	<b>Dec</b>	<b>03</b>
b. Separation Date This Period	<b>1998</b>	<b>Mar</b>	<b>02</b>
c. Net Active Service This Period	<b>04</b>	<b>03</b>	<b>00</b>
d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>
e. Total Prior Inactive Service	<b>00</b>	<b>04</b>	<b>17</b>
f. Foreign Service	<b>03</b>	<b>11</b>	<b>07</b>
g. Sea Service	<b>00</b>	<b>00</b>	<b>00</b>
h. Effective Date of Pay Grade	<b>1996</b>	<b>Dec</b>	<b>03</b>

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
**AF Outstanding Unit Award with 1 device, AF Good Conduct Medal, Southwest Asia Service Medal, AF Overseas Long Tour Ribbon, AF Longevity Service Award Ribbon, AF Training Ribbon.**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  
**Basic Military Training, 6 weeks, Jan 93; Vehicle Operations Apprentice, 6 weeks, Mar 94.**

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 **3.0 DAYS**

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes  No

18. REMARKS  
**Member has completed first full term of service. Subject to Recall to active duty and/or annual screening. Extension for service was at request and for convenience of the government. NOTHING FOLLOWS**

*Data herein are subject to computer matching within DoD or with other agencies for verification purposes and determining eligibility or compliance for Federal benefits.*

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)  
**7612 West 142nd  
 Cedar Lake IN 46303**

19.b. NEAREST RELATIVE (Name and address - include Zip Code)  
**Robert Strader  
 7612 West 142nd  
 Cedar Lake IN 46303**

20. MEMBER REQUESTS COPY 4 BE SENT TO IN DIR. OF VET AFFAIRS  Yes  No **RRS** 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)  
**HUGH B. KAYS, TSgt, USAF  
 NCOIC, Separations & Retirements**

21. SIGNATURE OF MEMBER BEING SEPARATED  
*Brian Strader*

DATE: 4/22/98 BOOK: NA PAGE: NA  
 DOCUMENT NUMBER: 98028385  
 FILED IN THE STATE OF INDIANA, COUNTY OF LAKE  
 BY RECORDER: MORRIS W. CARTER  
 Time: 9:07:56 AM

Mc

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

<b>1. NAME (Last, First, Middle)</b> STRADER BRIAN ROBERT		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> AIR FORCE -- REG AF		<b>3. SOCIAL SECURITY NO.</b> 311   90   0672	
<b>4.a. GRADE, RATE OR RANK</b> SRA	<b>4.b. PAY GRADE</b> E4	<b>5. DATE OF BIRTH (YYMMDD)</b> 750529		<b>6. RESERVE OBLIG. TERM. DATE</b> Year 01   Month 12   Day 02	
<b>7.a. PLACE OF ENTRY INTO ACTIVE DUTY</b> Indianapolis IN			<b>7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> Cedar Lake IN		
<b>8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> 86 TRANS (USAFE)			<b>8.b. STATION WHERE SEPARATED</b> Ramstein AB GE		

<b>9. COMMAND TO WHICH TRANSFERRED</b> USAFR	<b>10. SGLI COVERAGE</b> <input type="checkbox"/> None Amount: \$ 200,000
---	--

<b>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.)</b> 2T151 - Vehicle Operations Journeyman 4 years and 1 month	<b>12. RECORD OF SERVICE</b>			
	a. Date Entered AD This Period	1993	Dec	03
	b. Separation Date This Period	1998	Mar	02
	c. Net Active Service This Period	04	03	00
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	04	17
	f. Foreign Service	03	11	07
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	1996	Dec	03

**13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)**  
 AF Outstanding Unit Award with device, AF Good Conduct Medal, Southwest Asia Service Medal, AF Overseas Long Tour Ribbon, AF Longevity Service Award Ribbon, AF Training Ribbon.

**14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)**  
 Basic Military Training, 6 weeks, Jan 93; Vehicle Operations Apprentice, 6 weeks, Mar 94.

<b>15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM</b>	Yes	No	<input checked="" type="checkbox"/>	<b>15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT</b>	Yes	No	<input checked="" type="checkbox"/>	<b>16. DAYS ACCRUED LEAVE PAID</b> 3.0 DAYS
--	-----	----	-------------------------------------	---	-----	----	-------------------------------------	--

**17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION** Yes  No

**18. REMARKS**  
 Member has completed first full term of service. Subject to Recall to active duty and/or annual screening. Extension for service was at request and for convenience of the government. NOTHING FOLLOWS

DATE: 4/22/98 BOOK: NA PAGE: NA  
 DOCUMENT NUMBER: 98028385  
 FILED IN THE STATE OF INDIANA, COUNTY OF LAKE  
 BY RECORDER MORRIS W. CARTER  
 Time: 9:07:58 AM

*Data herein are subject to computer matching within DoD or with other agencies for verification purposes and determining eligibility or compliance for Federal benefits.*

<b>19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)</b> 7612 West 142nd Cedar Lake IN 46303	<b>19.b. NEAREST RELATIVE (Name and address - include Zip Code)</b> Robert Strader 7612 West 142nd Cedar Lake IN 46303
--	---

<b>20. MEMBER REQUESTS COPY 6 BE SENT TO, IN DIR. OF VET AFFAIRS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)</b> HUGH B. KAYS, 1SGT, USAF NOOIC, Separations & Retirements
--	---

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

<b>23. TYPE OF SEPARATION</b> RELEASE	<b>24. CHARACTER OF SERVICE (include upgrades)</b> HONORABLE	
<b>25. SEPARATION AUTHORITY</b> AFI 36-3208	<b>26. SEPARATION CODE</b> MBK	<b>27. REENTRY CODE</b> 1J
<b>28. NARRATIVE REASON FOR SEPARATION</b> COMPLETION OF REQUIRED ACTIVE SERVICE		
<b>29. DATES OF TIME LOST DURING THIS PERIOD</b> NONE	<b>30. MEMBER REQUESTS COPY 4</b> <input checked="" type="checkbox"/> initials	