



PTAX 342 - Illinois Driver's License Veteran's Designation May be used in lieu of a DD214



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

December 13, 2016 <----- **Date of Letter**

In Reply Refer to:

27/eBenefits

Dear

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx- <----- **Veteran receiving benefit**

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Army	Honorable	March 22, 2001	October 12, 2004

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:

Yes

Your combined service-connected evaluation is:

50% <----- **Service connected disability percentage**

Your current monthly award amount is:

\$838.64

The effective date of the last change to your current award was:

December 01, 2016 <----- **Valid date**

You are considered to be totally and permanently disabled due solely to your service-connected disabilities:

No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

PTAX 342 - VERIFICATION LETTER

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REGAF		3. SOCIAL SECURITY NUMBER [REDACTED]		
4a. GRADE, RATE OR RANK MSG	b. PAY GRADE E7	5. DATE OF BIRTH (YYYYMMDD) 1		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A		
7a. PLACE OF ENTRY INTO ACTIVE DUTY INDIANAPOLIS IN		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CONNERSVILLE IN				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 618 AIR AND SP OPS CE (AMC)			b. STATION WHERE SEPARATED JBSA RANDOLPH TX			
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000		
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.) 1C371, COMMAND POST, 6 YEARS AND 5 MONTHS; X1C371, COMMAND POST, 4 YEARS AND 0 MONTHS; T1C371, COMMAND POST, 6 YEARS AND 2 MONTHS; 2A551, AIRLIFT AND SPECIAL MISSION AIRCRAFT MAINTENANCE, 5 YEARS AND 7 MONTHS.		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		1992	AUG	04
		b. SEPARATION DATE THIS PERIOD		2014	DEC	31
		c. NET ACTIVE SERVICE THIS PERIOD		22	04	27
		d. TOTAL PRIOR ACTIVE SERVICE		00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		00	09	28
		f. FOREIGN SERVICE		01	07	15
		g. SEA SERVICE		00	00	00
		h. INITIAL ENTRY TRAINING		1992	AUG	04
i. EFFECTIVE DATE OF PAY GRADE		2011	OCT	01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Defense Meritorious Service Medal, Meritorious Service Medal, Aerial Achievement Medal with 3 Oak Leaf Clusters, Air Force Commendation Medal with 3 Oak Leaf Clusters, Joint Meritorious Unit Award, AF Outstanding Unit Award with 3 Oak Leaf Clusters, AF Organizational Excellence Award with 1 Oak Leaf Cluster, Combat Readiness Medal, //SEE REMARKS//		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AF BASIC MILITARY TRG, SEP 1992; (KST) AEROSPACE MAINTENANCE APPRENTICE (KC-10), NOV 1992; (MUV) KC-10 ACFT MNTS APPR, JAN 1993; (WR9) COMMAND POST APPRENTICE COURSE, MAR 1998; AIRMAN LEADERSHIP SCHOOL (RESIDENCE), SEP 2000; (AAA) ACADEMIC INSTRUCTOR SCHOOL, JUN 2003; (1VO) AMC COMMAND & CONTROL COURSE, JUL 2003//SEE REMARKS//				
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment:)			YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES NO X	
18. REMARKS ITEM 13: AF Good Conduct Medal with 6 Oak Leaf Clusters, Air Force Recognition Ribbon, National Defense Service Medal with 1 Service Star, Global War on Terrorism Service Medal, Korean Defense Service Medal, AF Overseas Ribbon Short, AF Longevity Service with 4 Oak Leaf Clusters, USAF NCO PME Graduate Ribbon with 1 Oak Leaf Cluster, AF Training Ribbon. ITEM 14: (UJI) AOC INITIAL QUAL TRAINING AIR MOBILITY TECHNICIAN COURSE (AOCIQTAMT), OCT 2005; NCO ACADEMY (RESIDENCE), FEB 2008; (W5U) THEATER MOBILITY COMMAND AND CONTROL COURSE, MAR 2008; USAF SENIOR NCO ACADEMY (NON-RESIDENCE), JUN 2013; (P7O) GLOBAL MOBILITY AIR OPERATIONS COURSE, SEP 2013; (T0B) GLOBAL MOBILITY AIR & SPACE OPERATIONS TRACK COURSE - XOCG, SEP 2013; (9AA) AIR FORCE TRAINING COURSE, OCT 2013. Subject to recall to active //See Continuation Page// The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		1b. NEAREST RELATIVE (Name and address - Include ZIP Code)				
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IL OFFICE OF VETERANS AFFAIRS		X	YES		NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		X	YES		NO	
21a. MEMBER SIGNATURE MEMBER NOT AVAILABLE TO SIGN	b. DATE (YYYYMMDD) N/A	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) CAC/PMI SIGNED BY KIDD, MICHELE L YNN.1386871732 CONTRACTOR, USAF, TFSC DD Form 214 Technician Jan 02 2015 8:44:35:000 PM CAC Serial Number: 0992D6 IssuerCN: DOD CA-31		b. DATE (YYYYMMDD) 20150102		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION RETIREMENT		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE				
25. SEPARATION AUTHORITY AFI 36-3203		26. SEPARATION CODE RBD		27. REENTRY CODE 2V		
28. NARRATIVE REASON FOR SEPARATION L RETIREMENT: SUFFICIENT SERVICE FOR RETIREMENT						
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) N/A		

1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER			
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY ADS INF		5a. GRADE, RATE OR RANK SP4 (T)SEE30		b. PAY GRADE E4		6. DATE OF RANK 19 JAN 67	
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country)		9. DATE OF BIRTH		DAY MONTH YEAR 17 JAN 66	
10a. SELECTIVE SERVICE NUMBER 11 96 46 181		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 12496 GARLYLS ILL		c. DATE INDUCTED DAY MONTH YEAR 17 JAN 66			
11a. TYPE OF TRANSFER OR DISCHARGE TRANS TO USAR (SEE 16)		b. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ		c. EFFECTIVE DATE DAY MONTH YEAR 27 NOV 67			
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO E 4 IN 47 INF DIV USARPAC APO 96372		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NONE			
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED TRANS TO USAR CON GRC (AFL TNG) USAAC ST LOUIS MO		15. REENLISTMENT CODE RES1					
16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION DAY MONTH YEAR 16 JAN 72		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 type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 36		c. DATE OF ENTRY DAY MONTH YEAR NA NA	
18. PRIOR REGULAR ENLISTMENTS NA		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC E1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) ST LOUIS MO			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)		22. STATEMENT OF SERVICE		YEARS		MONTHS	
		a. CREDITABLE FOR BASIC PAY PURPOSES					
		(1) NET SERVICE THIS PERIOD		1		10	
		(2) OTHER SERVICE		0		0	
		(3) TOTAL (Line (1) plus Line (2))		1		10	
		b. TOTAL ACTIVE SERVICE		1		10	
		c. OVERSEAS AND/OR SEA SERVICE		0		11	
						25	
23a. SPECIALTY NUMBER & TITLE 11 B 20 LLT WPMS INF		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA					
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED CIB HDSM ACM VDSM VDCM							
25. EDUCATION AND TRAINING COMPLETED 4 YRS HS DIPL ATP 21 114 CODE OF COND CGR TNG							
26. NON-PAY PERIODS TIME LOST (Preceding Two Years) NA		27. DAYS ACCRUED LEAVE PAID 28		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ NA	
28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		c. MONTH ALLOTMENT DISCONTINUED NA			
30. REMARKS BLOOD GP A ITEM 5A DTD OF APFMT E3 (P) 17 JUL 66 DOR 17 JUL 66							
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SES #21				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED			
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER WILLIAM E HILL 2LT ASST ADJ				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN William E Hill			

DD FORM 1 JUL 66 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67.

☆ GPO: 1967 O-265-718

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

DD214

REPORT OF CASUALTY		REPORT CONTROL SYMBOL DD-P&R(AR)1664		
		1. REPORT TYPE		2. DATE PREPARED
3. SERVICE IDENTIFICATION				
a. NAME (Last, First, Middle and Suffix)		b. SOCIAL SECURITY NO.	c. RANK	d. PAY GRADE
		e. OCCUPATIONAL CODE/ RATING		
f. COMPONENT	g. BRANCH	h. ORGANIZATION		
4. CASUALTY INFORMATION				
a. TYPE	b. STATUS	c. CATEGORY	d. DATE OF CASUALTY	e. PLACE OF CASUALTY
f. CIRCUMSTANCES		Line 4c: No "PENDING" status.		
g. DUTY STATUS Line 4 g should indicate "Active and On Duty"				h. BODY RECOVERED
5. BACKGROUND INFORMATION				
a. DATE OF BIRTH	b. PLACE OF BIRTH	c. COUNTRY OF CITIZENSHIP		
d. RACE				
e. ETHNICITY				f. SEX
g. RELIGIOUS PREFERENCE				
6. ACTIVE DUTY INFORMATION				
a. PLACE OF ENTRY	b. DATE OF ENTRY	c. HOME OF RECORD AT TIME OF ENTRY		
7. INTERESTED PERSONS/REMARKS (Name, Address, and Relationship) (Continue on separate sheet, if necessary)				
<p>Line 7 should reference the word "spouse" within the remarks:</p>				
<p>FOOTNOTES: 1 Primary next-of-kin. 2 Beneficiary(ies) for death gratuity - as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.</p>				
8. REPORTING INFORMATION				
a. COMMAND AGENCY			b. DATE RECEIVED	
9. DISTRIBUTION		10. SIGNATURE ELEMENT		
<p>NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.</p>				

DD FORM 1300, FEB 2011

PREVIOUS EDITION MAY BE USED.

Reset

Adobe Professional 8.0

DD1300



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

December 13, 2016 <----- **Date of letter**

In Reply Refer to:

27/eBenefits

**Veteran receiving
benefit**

Dear

This letter certifies that
Department of Veterans Affairs.

is receiving service-connected disability compensation from the

The current benefit paid is as follows:

Gross Benefit Amount \$838.64

Net Amount Paid \$838.64

Effective Date December 1, 2016 <----- **Valid date**

Combined Evaluation 50 percent <----- **Service connected disability percentage**

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://iris.va.gov>.

Sincerely,

Robert T. Reynolds, Director
Benefits Assistance Service

PTAX 342-R - VERIFICATION LETTER