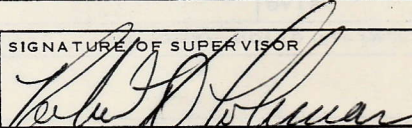
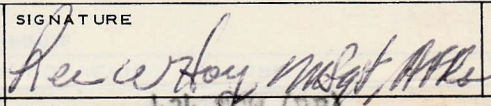
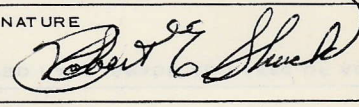


**INDIVIDUALS COPY**

|   |   |   |   |                          |
|---|---|---|---|--------------------------|
| <b>PERSONNEL ACTION REQUEST</b>   | LAST NAME - FIRST NAME - MIDDLE INITIAL, AND GRADE<br><b>BRADY, BOB A SSgt</b>  | AFSN<br><b>AF 15253612</b>  | DATE<br><b>14 Apr 65</b><br>NR.<br><b>R-65</b>  |                          |
| TO: <b>Pers-2<br/>931 TCG, Bakalar AFB, Ind</b>   |   | FROM: <b>OJT ADMINISTRATOR<br/>931st Materiel Sq.</b>   |   |                          |
| <b>I. REQUESTED ACTION</b>  |   |   |   |                          |
| <input checked="" type="checkbox"/> AWARD AFSC <u>AL3171A</u> AS <u>Primary</u> AFSC<br><input type="checkbox"/> ASSIGN DUTY AFSC _____ EFFECTIVE _____<br><input type="checkbox"/> WITHDRAW AFSC _____<br><input checked="" type="checkbox"/> CHANGE IN OJT STATUS:<br><input type="checkbox"/> ENTER: DATE _____ AFSC _____ CODE _____<br><input checked="" type="checkbox"/> WITHDRAW: DATE <u>1 Apr 65</u> AFSC <u>AL3171A</u> CODE <u>2</u><br><input type="checkbox"/> ASSIGN FUNCTIONAL CODE _____ |   | <input type="checkbox"/> CHANGE PAFSC FROM _____ TO _____<br><input checked="" type="checkbox"/> CHANGE CAFSC FROM <u>AL3152A</u> TO <u>AL3171A</u><br><input type="checkbox"/> ASSIGN PRO PAY IN AFSC _____ RATING _____<br><input type="checkbox"/> WITHDRAW PRO PAY IN AFSC _____ RATING _____<br><input type="checkbox"/> ASSIGN PROGRAM ELEMENT CODE _____<br><input type="checkbox"/> OTHER _____<br>REQUIRES WAIVER OF _____ |   |                          |
| JUSTIFICATION (Attach Fax Copy of AF Form 7 or 11 as required)  |   |   |   |                          |
| SSgt Bob A Brady completed OJT and obtained a qualifying score on the SMT-41171A.   |   |   |   |                          |
| <b>II. CERTIFICATION</b>  |   |   |   |                          |
| I CERTIFY THAT THE INDIVIDUAL NAMED ABOVE IS QUALIFIED FOR AWARD OF AFSC  | TYPED NAME, GRADE AND POSITION TITLE<br><b>ROBERT D COLEMAN, TSOT, AFRES<br/>INSTRUCTOR FLIGHT MECHANIC</b>   | SIGNATURE OF SUPERVISOR<br>  |   |                          |
| <b>III. SQUADRON, GROUP OR WING ACTION (If disapproved at any Echelon of Command, state reasons in REMARKS)</b>   |   |   |   |                          |
| <b>INDORSEMENT</b>  | <b>1ST</b>  | TO: <b>Pers-2<br/>931 TCG, Bakalar AFB, Ind.</b>  | FROM: <b>Pers-2<br/>931 TCG, Bakalar AFB, Ind.</b>  |                          |
|   | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REQUEST BOARD ACTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL |   |   |                          |
|   | TYPED NAME, GRADE AND POSITION TITLE<br><b>DESCO B MCKAY, MAJOR, AFRES<br/>931 TCG, Staff Pers Officer</b>  |   | SIGNATURE<br> | DATE<br><b>15 Apr 65</b> |
|   | <b>2ND</b>  | TO: <b>Pers-2<br/>931 TCG, Bakalar AFB, Ind.</b>  | FROM: <b>Pers-2<br/>931 TCG, Bakalar AFB, Ind.</b>  |                          |
|   | <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REQUEST BOARD ACTION <input type="checkbox"/> RECOMMEND APPROVAL |   |   |                          |
|   | TYPED NAME, GRADE AND POSITION TITLE<br><b>ROBERT E SHUCK, CAPT, AFRES<br/>DIRECTOR OF PERSONNEL</b>  |   | SIGNATURE<br> | DATE<br><b>15 Apr 65</b> |
| <b>3RD</b>  | TO:   | FROM:   |   |                          |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REQUEST BOARD ACTION <input type="checkbox"/> RECOMMEND APPROVAL  |   |   |   |                          |
| TYPED NAME, GRADE AND POSITION TITLE  |   | SIGNATURE   | DATE  |                          |
| <b>IV. REMARKS</b>  |   |   |   |                          |