OFFICER'S CERTIFICATE OF STATEMENT OF SERVICE

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. section 101 et seq.; and Executive Order 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To determine member's creditable service for military pay purposes. Data collected on this form is subject to confirmation by

ROUTINE USES: In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).

DISCLOSURE IS VOLUNTARY: Nondisclosure may adversely affect the promptness or amount of your pay. Disclosure of your social security account number (SSAN) is voluntary. However, this form will not be processed without your SSAN, since the Air Force identifies you for pay and personnel purposes by your SSAN.

SORN (S): F036 AF PC K, Relocation Preparation Project Folders, and F036 AF PC I, Incoming Clearance Records

INSTRUCTIONS: List all prior service either as a commissioned officer, warrant officer, or enlisted member of any active, reserve, or national guard component. Include other periods as shown in the DODPM, paragraph 10101. If a medical or dental officer, include periods shown in paragraph 10102. Do not include periods shown in the DODPM, paragraph 10103.

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LAST NAME - FIRST - MIDDLE INITIAL				GRADE	SSN
COMPONENT	SERVICE			INCLUSIVE DATES	
FOR QUALIFYING SERVICE REFER TO DODPM, PARAGRAPH 10101 AND 10102	COMMISSIONE	WARRANT	ENLISTED	FROM	то
TIME LOST UNDER 10 USC 972 ENTER NONE OR NO. OF DAYS					DATE
CERTIFICATION: I hereby certify that I have held a commission, appoinment as a warrant officer, or have been enlisted as a member of the respective service(s) or the reserve components shown above for the inclusive periods indicated.					
NAME AND TITLE OF APPROVING OFFICER SIGNATURE OF APPROVING OFFICER					DATE