



**DEPARTMENT OF THE ARMY**  
U.S ARMY HUMAN RESOURCES COMMAND  
1600 SPEARHEAD DIVISION AVENUE  
FORT KNOX KY 40122-5504

March 20, 2023

Freedom of Information Office





Dear 

This is in response to your Freedom of Information Act (FOIA) request for a copy the Official Military Personnel File (OMPF) pertaining to Mr. David W. Brewer. Your request was received in this office on March 13, 2023, and was processed under the provisions of the Freedom of Information Act. We assigned control number FA-23-1762 to your request for our administrative and tracking purposes. Please refer to this number when inquiring with us about your request.

Enclosed please find the 38 pages responsive to your request. Personal information of others has been excised from the documents. This information includes social security numbers and/or other personal information that, if disclosed, would constitute a clearly unwarranted invasion of personal privacy. Accordingly, the personal information of others is exempt from disclosure under Exemption 6 of the FOIA without the data subjects' express written consent, subpoena and/or court order.

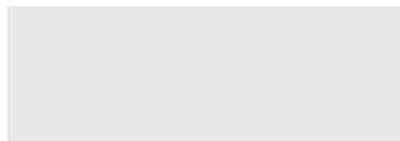
Please do not consider this a denial of your request, but our effort to provide you with responsive documents in a timely and efficient manner. If you require a formal response, you may submit a letter in writing to this Command, ATTN: AHRC-FOI. Upon receipt, your request will be processed through our Initial Denial Authority.

For further assistance and to discuss any aspect of your request, you have the right to contact the U.S. Army Human Resources Command, FOIA Public Liaison,  at . Additionally, you have the right to contact the Office of Government Information Services (OGIS) to inquire about the FOIA mediation services they offer. The contact information for OGIS is: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6601; email at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at (202) 741-5770; toll free at 1-877-684-4481; or facsimile at (202) 741-5760.

If you have already requested a formal response and are still not satisfied with our response, you have the right to appeal to the Office of the General Counsel through the Department of the Army, US Army Human Resources Command, ATTN: AHRC-FOI, 1600 Spearhead Division Avenue, Department 107, Fort Knox, Kentucky 40122-55044. Your appeal must be postmarked or electronically transmitted within 90 days of the date of this response.

Please be advised there are no assessable Freedom of Information Act fees for processing your request. For additional information or assistance, please contact me at [REDACTED] or via my email address @ [REDACTED] [@army.mil](mailto:[REDACTED]@army.mil).

Sincerely,

A rectangular grey box redacting the signature of the sender.

Government Information Specialist

Enclosure

# ENLISTMENT / REENLISTMENT DOCUMENT

## ARMED FORCES OF THE UNITED STATES

### Privacy Act Statement

**AUTHORITY:** 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

**PRINCIPAL PURPOSES:** To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

**ROUTINE USES:** This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

**DISCLOSURE:** Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

### A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

<b>1. NAME (Last, First, Middle)</b> BREWER DAVID WILLIAM		<b>2. SOCIAL SECURITY NUMBER</b> (b) (6)		
<b>3. HOME OF RECORD (Street, City, State, ZIP Code)</b> (b) (6)		<b>4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State)</b> MIAMI MEPS MIAMI, FL 33166-4611		
<b>5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD)</b> 94 SEP 07	<b>6. DATE OF BIRTH (YYMMDD)</b> (b) (6)	<b>7. PREV MIL SVC UPON ENL / REENLIST</b>	YEARS	MONTHS
		a. Total Active Military Service		
		b. Total Inactive Military Service		

### B. AGREEMENTS

8. I am enlisting /reenlisting in the United States (list branch of service) ARMY RESERVE this date for B years and \_\_\_\_\_ weeks beginning in pay grade E-4. The additional details of my enlistment / reenlistment are in Section C and Annex(es) A, B.

**a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):**

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 0600 94 DEC 01 for enlistment in the Regular component of the United States (list branch of service) ARMY for not less than 4 years and 0 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

NONE

b. Remarks: (If none, so state.)

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) (b) (6)

(Continued on reverse side.)

## C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

**9. FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

### **10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.**

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

**11. FOR ENLISTEES / REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

**12. FOR ALL MALE APPLICANTS:** Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

SOCIAL SECURITY NO OF ENLISTEE / REENLISTEE

BREWER DAVID WILLIAM

(b) (6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) (b) (6) NONE (b) (6) initials of enlistee/reenlistee

b. SIGNATURE OF ENLISTEE / REENLISTEE

c. DATE SIGNED (YYMMDD)

(b) (6)

94 SEP 07

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) ARMY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

c. PAY GRADE

d. UNIT / COMMAND NAME

(b) (6)

E- 8

USA RECRUITING BATTALION

e. SIGNATURE

f. DATE SIGNED (YYMMDD)

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

(b) (6)

94 SEP 07

MIAMI

FL 33166

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, DAVID WILLIAM BREWER

, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted /reenlisted this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ in the \_\_\_\_\_ National Guard and as a Reserve of the United States (list branch of service) \_\_\_\_\_ with membership in the \_\_\_\_\_ National Guard of the United States, for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE

b. DATE SIGNED (YYMMDD)

(b) (6)

94 SEP 07

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

c. PAY GRADE

d. UNIT / COMMAND NAME

(b) (6)

O-3

MIAMI MEPS

e. SIGNATURE

f. DATE SIGNED (YYMMDD)

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

(b) (6)

94 SEP 07

MIAMI, FL 33166-4

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle) BREWER DAVID WILLIAM	SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE (b) (6)
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**F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM**

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) ARMY for a period of 4 years and 0 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) C which replace(s) Annex(es) A.

b. SIGNATURE OF DELAYED ENTRY / ENLISTMENT PROGRAM ENLISTEE (b) (6)	c. DATE SIGNED (YYMMDD) 94 DEC 01
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**G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE**

21a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) ARMY in pay grade E-1.

SERVICE REPRESENTATIVE INFORMATION		
b. NAME (Last, First, Middle) (b) (6)	c. PAY GRADE E-8	d. UNIT / COMMAND NAME USA RECRUITING BATTALION
e. SIGNATURE (b) (6)	f. DATE SIGNED (YYMMDD) 94 DEC 01	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code) MIAMI, FL 33166

**H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT**

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:  
I, DAVID WILLIAM BREWER do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE / REENLISTEE (b) (6)	c. DATE SIGNED (YYMMDD) 94 DEC 01
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23a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

ENLISTMENT OFFICER INFORMATION		
b. NAME (Last, First, Middle) (b) (6)	c. PAY GRADE O-3	d. UNIT / COMMAND NAME MIAMI NEPS
e. SIGNATURE (b) (6)	f. DATE SIGNED (YYMMDD) 94 DEC 01	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code) MIAMI, FL 33166-4611

Before completing this form, read Privacy Act Statement, Warning, and Instructions.

Exp Date: Jun 30, 1991

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0173), Washington, DC 20503.

A. SERVICE PROCESSING FOR DAR B. NO. DAYS PRIOR SERVICE (Complete (1),(2),or (3) X NONE <365 >365 (1) DIEUS (YYMMDD) (2) DIERF (YYMMDD) (3) DIERC (YYMMDD) C. SELECTIVE SERVICE CLASSIFICATION D. SELECTIVE SERVICE REGISTRATION NO.

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER: (b) (6) 2. NAME: BREWER DAVID WILLIAM 3. ALIASES: DAVID BREWER

4. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 5. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)

(b) (6) (b) (6)

6. CITIZENSHIP (X one): (b) (6) U.S. AT BIRTH (b) (6) (1) NATIVE BORN (b) (6) (2) BORN ABROAD OF U.S. PARENT(S) U.S. NATURALIZED U.S. DERIVED THROUGH NATURALIZATION OF PARENT(S) U.S. NON-CITIZEN NATIONAL IMMIGRANT ALIEN (Specify) NON-IMMIGRANT FOREIGN NATIONAL (Specify) 7. SEX: M X a. MALE b. FEMALE 8. POPULATION GROUP: (b) (6) a. WHITE (b) (6) b. BLACK c. ASIAN d. AMERICAN INDIAN e. OTHER (Specify) 9. ETHNIC GROUP (Specify): Y (b) (6) 10. MARITAL STATUS (Specify): S (b) (6) 11. NUMBER OF DEPENDENTS: (b) (6)

12. DATE OF BIRTH (YYMMDD): (b) (6) 13. RELIGIOUS PREFERENCE (Optional): (b) (6) 14. EDUCATION: 15. PROFICIENT IN FOREIGN LANGUAGE: N 12L

16. VALID DRIVERS LICENSE: N (If yes, list state, number and exp date) 17. PLACE OF BIRTH: (City, State and Country) (b) (6)

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

For office use only - Do not write in this section - Go on to page 2, question 23

18. APTITUDE TEST RESULTS a. TEST ID: 20A b. TEST SCORES: GS AR WK PC NO CS AS MK MC BI VE AFQT PERCENTILE: (b) (6)

19. DEP ENLISTMENT DATA a. DATE OF DEP ENL(YYMMDD) 94/09/07 b. PROJ AD DATE(YYMMDD) 94/12/01 c. ES 3 d. RECRUITER IDENT (b) (6) e. PROG ENL FOR QHTEP f. T-E MOS/AFS 91B10 g. WAIVER (b) (6)

20. ACCESSION DATA a. ENL DATE 94/12/01 b. AD SVC DATE 94/12/01 c. PAY ENT DATE 94/12/01 d. TOE 4 e. WAIVER (b) (6) f. PAY GRD E01 g. DATE OF GRD 94/12/01 h. ES 1 i. ED GRD COMPL 12L j. RECRUITER IDENT (b) (6) k. PROG ENLIST FOR QHTEP l. T-E MOS/AFS 91B10 m. PMOS/AFS 91B000 n. YOUTH YY0 o. OA WY p. TRANSFER TO (UIC) PTLNWD

21. SERVICE RQ CDS | 0 1 | 0 2 | 1 3 | A 4 | E 5 | P 6 | V 7 | 1 8 | 1 9 | 0 10 | 0 11 | 0 12 | 1 13 | 1 14 | 3 15 | 1 16 | 1 17 | 3 18 | 1 19 | 1 20 | 9 21 | 1 22 | 1 23 | 4 24 | 1 25 | 1 26 | 8 27 | 1 28 | 1 29 | 5 30 | 1 31 | 2 32 | 0 33 | 1 34 | 2 35 | 1 36 | 1 37 | 1 38 | 9 39 | 1 40 | 2 41 | 0 42 | A 43 | A 44 | C 45 | 0 46 | 3 47 | G 48 | 5 49 | F 50 | N 51 | 0 52 | 0 53 | 0 54 | 0 55 | 0 56 | 0 57 | 0 58 | 0 59 | 0 60 | H 61 | F 62 | 0 63 | 0 64 | 0 65 | 0 66 | 0 67 | A 68 | 0 69 | 0 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 |

22. DEP/ACCESSION RECORD (to be completed by MEPS personnel) WRK AND STATUS CODE DATE OF ACTION Q/C WRK AND STATUS CODE DATE OF ACTION Q/C

NAME (Last, First, Middle Initial) **Brewer, David W.** (b) (6) SOCIAL SECURITY NUMBER

**SECTION III - OTHER PERSONAL DATA**

**23. EDUCATION**

a. List all high schools and colleges attended.				(5) GRADUATE	
(1) FROM (YYMM)	(2) TO (YYMM)	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
9301	9304	Lake Sumpter Community College	Leesburg, FL		X
0893	9312	Edison Community College	Naples, FL		X
8808	9206	Everglades High	Everglades City FL	X	

b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or the Civil Air Patrol? YES  NO

**24. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")**

a. Is anyone dependent upon you for support? (b) (6)  
 b. Are you now or have you ever been divorced or legally separated?  
 c. Is any court order of judgment in effect that directs you to provide alimony or support for children?

**25. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE US GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")**

a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?  
 b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?  
 c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?  
 d. Have you ever been employed by the United States Government?  
 e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?

**26. RELIGIOUS BELIEFS (If "Yes," explain in Section VI, "Remarks.")**

Are you a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)

**27. CHARACTER AND SOCIAL ADJUSTMENT (If "Yes," explain in Section VI, "Remarks.")**

a. Are you a homosexual, lesbian, or bisexual? (If "Yes," explain in Section VI, "Remarks.")  
 b. Do you intend to engage in homosexual acts (or lesbian or bisexual acts) with the presence of the same sex?

**SECTION IV - CERTIFICATION**

**28. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)**

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document: that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) **Poreiner, David W.**  
 c. SIGNATURE (b) (6)  
 d. DATE SIGNED (YYMMDD) **940906**

**29. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)**

a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)
<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE
<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED
<input checked="" type="checkbox"/> (1) SSN CARD	<input checked="" type="checkbox"/> (1) DIPLOMA	
<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)	

**30. CERTIFICATION OF WITNESS**

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) **(b) (6)**  
 c. PAY GRADE **E6**  
 d. RECRUITER I. D. (b) (6)  
 e. SIGNATURE (b) (6)  
 f. DATE SIGNED (YYMMDD) **940906**

**31. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES**

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR. (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service - use clear text English.) **I AM AR 601-210, CHAPTER 9, TABLE 9-1, 9A U.S. ARMY TRAINING ENLISTMENT PROGRAM REQ OPT3 91B10 MEDICAL SPECIALIST 4 YEARS.**

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 31. a. above and annexes attached to my Enlistment/ Reenlistment Document (DD Form 4).  
 c. APPLICANT'S INITIALS (b) (6)

NAME (Last, First, Middle Initial) Breider, David W. SOCIAL SECURITY NUMBER (b) (6)

**32. CERTIFICATION OF RECRUITER OR ACCEPTOR**

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) ARMY and certify that I have not made any promises or guarantees other than those listed in Item 31 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (b) (6) c. PAY GRADE E-7 d. RECRUITER I.D. OR ORGANIZATION (b) (6) e. SIGNATURE (b) (6) f. DATE SIGNED (YYMMDD) 940707

**SECTION V - RECERTIFICATION**

**33. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY**

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 33" and the correct information is provided below.

b. ITEM NUMBER c. CHANGE REQUIRED (b) (6)  
None 941201  
N/A

d. WITNESS (1) TYPED OR PRINTED NAME (b) (6) (2) PAY GRADE E-7 (3) SIGNATURE (b) (6) e. APPLICANT (1) SIGNATURE (b) (6) (2) DATE SIGNED (YYMMDD) 941201

**SECTION VI - REMARKS** (Specify item(s) being continued by item number. Continue on separate pages if necessary.)

CCN: 18476 φ 81

**ENTNAC RESULTS FAVORABLE**  
Date posted: 30 Sept 94  
GC Signature: (b) (6)  
GC ID: \_\_\_\_\_

DD FORM 1966/4 ATTACHED (X one) YES NO

**STATEMENT FOR ENLISTMENT  
UNITED STATES ARMY ENLISTMENT PROGRAM  
U. S. ARMY DELAYED ENLISTMENT PROGRAM**

For use of this form, see AR 601-210; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**Authority** Title 10, United States Code, section 275; Executive Order 9397.  
**Principal Purpose** Basic form used to record contractual obligations to enlistees, guarantees and annexes enlistment contract.  
**Routine Uses** This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of the form are internal to the United States Army.  
**Disclosure** Disclosure of the Social Security Number (SSN) and other personal information is voluntary. However, failure to provide the required information may result *in denial of enlistment or reenlistment.*

1. **ACKNOWLEDGEMENT:** In connection with my enlistment into the United States Army Reserve, I hereby acknowledge that:

a. My enlistment in the U. S. Army Reserve obligates me to a total of 8 years service in the U. S. Armed Forces, including service in the Reserve components, unless sooner discharged by proper authority. Fulfillment of this obligation begins on the date I enlist in the Delayed Entry Program.

b. I will be assigned to the U. S. Army Reserve Control Group (*Delayed Entry*), during which time I will be in a nonpay status and will not be authorized to participate in any Reserve training.

c. I volunteer to serve on active duty for two years in any job assignment specified by the Army, such period to begin within 85 days unless I enlist into the Regular Army, or I am granted further delay by proper authority.

d. In lieu of performing the active duty specified in c above, I may enlist into the Regular Army for a period of 4 years 0 weeks with the following understanding:

(1) Upon enlistment into the Regular Army, I will be enlisted under the provisions of Army Regulation 601-210, program or programs as indicated below:

*(Enter appropriate primary program and all associated programs; for Puerto Rican English Language option, use Program 9-A)*

PROGRAM	TITLE
9A	U.S. ARMY TRAINING ENLISTMENT PROGRAM REG OPT 3
NA	
NA	
NA	

(2) If enlisting for an Army school course, I have been assured of attending the School course for:

MOS/CMF 91B10 Title MEDICAL SPECIALIST (Enter MOS or CMF and title; if enlisting under Puerto Rican English Language option, enter "09B10-Trainee (English Language)")

(3) In the event, through no fault of my own, that my enlistment program, school course, or training of my choice is cancelled or otherwise not available before I enlist into the Regular Army, I will elect one of the following alternatives:

- (a) I will elect another program, school course, or training of my choice for which I am qualified and a vacancy exists.
- (b) I will be separated from the Delayed Entry Program.

(4) The date of my enlistment into the Regular Army is scheduled for: 1 DEC, 19 94.

(5) In the event that I willfully fail to report for active duty on the date specified in (4) above and on my DD Form 4 enlistment contract I understand that I will be in an Absent Without Leave Status (AWOL) and subject to apprehension in accordance with article 86 (*deserter*) of the Uniform Code of Military Justice.

(6) I further certify that I am currently enrolled as a senior in high school and I understand that my enlistment into the Delayed Entry Program is contingent upon my successful completion of high school. NA  
(Initials)

(7) I understand that the course I have selected requires me to present proof in the form of a transcript or letter from school officials stating I have successfully completed a course or courses of instruction in

NA  
(Enter subject(s), i. e., Math, Science, etc.)

ANEXA

(8) I certify that I have read or have viewed the Job Description for the MOS I am enlisting for and further acknowledge that I understand the general nature of the training I will receive. (b) (6) (Initials)

(9) I also acknowledge that if I am qualified and I am enlisting for an MOS or CMF that has a Cash Bonus, that the bonus amount authorized on my enlistment into the Regular Army will be the amount authorized upon my entry into the Delayed Entry Program. Further I understand that the Bonus for my CMF/MOS on this date is \$ NONE (b) (6) (Amount/Initials).  
(Note: If enlisting for an MOS which has a Cash Bonus and applicant declined such bonus the word "Declined" is entered in the Amount Block. If no bonus authorized enter "NONE").

(10) If I have enlisted for guaranteed 1st assignment of Europe, I understand that should I acquire a dependent prior to my active duty date, I will no longer be qualified for a guaranteed assignment to Europe. (This does not preclude assignment to Europe at the discretion of the Army.)

(11) I certify I have provided my recruiter and counselor all information required on my application for enlistment, further, I have not concealed any medical information and I further state that no person has advised me to conceal any information with respect to my enlistment.

2. UNDERSTANDING: I understand that in the event the Secretary of the Army determines that military necessity of a national scope requires that service members be available for immediate assignment/reassignment, any guarantees contained in this agreement may be terminated. Under these conditions I may be assigned or reassigned according to the needs of the Army.

I have read and understand each of the statements above and in the DD Form 1966 series, signed by me, and understand that these statements are intended to constitute all promises whatsoever concerning my enlistment. Any other promise or representation of commitments made to me in connection with my enlistment is written below in my own handwriting, or is hereby waived (if none, write "NONE").

Contract Control Number CCN: 18476081

NONE (b) (6)

ANNEX A

AUTHENTICATION

TYPED NAME AND SSN OF APPLICANT	SIGNATURE OF APPLICANT	DATE
DAVID BREWER (b) (6)	(b) (6)	940907
TYPED NAME, GRADE AND SSN OF COUNSELOR	SIGNATURE OF GUIDANCE COUNSELOR	DATE
(b) (6) SFC USA (b) (6)	(b) (6)	SEP 7 1994

REVERSE SIDE FOR Guidance Counselor

**STATEMENT FOR ENLISTMENT  
UNITED STATES ARMY TRAINING ENLISTMENT PROGRAM**

For use of this form, see AR 601-210, the proponent agency is DCSPER.

1. **ACKNOWLEDGEMENT:** In connection with my enlistment in the Regular Army for the United States Army Training Enlistment Program, I hereby acknowledge that:

- a. My enlistment for this program assures me that, provided I meet required prerequisites, I will receive training in the following Military Occupational Specialty (MOS) or Career Management Field (CMF):

(Enter MOS or CMF with complete title)

91B10 . MEDICAL SPECIALIST (NA)

(If Airborne is required enter Airborne Training; if not enter NA)

- b. I have read, viewed and have had explained to me the general nature of the training I am to receive for the MOS, CMF and, if applicable, the Airborne training above.
- c. I understand that I must satisfactorily complete basic combat training in order to receive the training indicated above. Further, I understand that if I should be relieved from training for academic deficiency, disciplinary reasons, failure to receive any required security clearance because of information withheld by me or any misconduct, I will be trained in accordance with the needs of the Army and required to complete the term of my enlistment.
- d. I further state and understand that I have been given no guarantee of assignment nor have I been assured that I will or will not be assigned to an overseas location. I understand that upon successful completion of my training I will be assigned in accordance with the needs of the Army and no guarantee of a specific job has been made.
- e. In addition to my MOS training I am required to complete airborne training, I understand that I am volunteering to perform frequent aircraft flights, parachute jumps and to participate in realistic combat training while receiving airborne training or performing Airborne duties. I understand that if I fail to complete airborne training, maintain airborne qualifications or fail to attain or maintain required standards on the advanced physical fitness test, I will be reassigned and trained in accordance with the needs of the Army. (only applicable for enlistment that includes Airborne Training listed in para 1a.)
- f. If my enlistment is for an MOS that requires language training and I am guaranteed a specific language, that language is specified in paragraph 1a. If no specific language is specified in paragraph 1a, I am not guaranteed a specific language and will be trained in a language in accordance with the needs of the Army.
- g. My term of enlistment in the Regular Army is 4 years 0 weeks.

**APPLICABLE TO ALL APPLICANTS ENLISTING UNDER THIS PROGRAM**

2. I understand that if my enlistment contract cannot be fulfilled through no fault of my own, the alternatives available to me will be provided in Army Regulation 635-200. I understand that I will have a period of thirty days from the time I am notified, become aware or reasonably should have become aware that my selected training (1a above) cannot become fulfilled, to elect an alternative training program for which I am qualified and a vacancy exists, or request a separation. This thirty day period may be extended by the General Courts Martial Convening Authority when necessary to determine the availability of my selected alternative. If I make no election within the thirty day period, my claim will be deemed to have been waived.

3. If I fail, through my own fault, to meet any of these established prerequisites for the Nuclear Surety Programs or the required security clearances or fail to meet or maintain required medical, physical, professional, or other suitability standards for training or retention in accordance with my enlistment contract, I will be trained and assigned in accordance with the needs of the Army and required to complete my term of enlistment. I further acknowledge that if I become disqualified for this enlistment program because of personal conduct, withholding of information that I have within my knowledge that precludes access to special intelligence information, I will be retrained and required to complete my term of enlistment in accordance with the needs of the Army.
4. **MILITARY SERVICE OBLIGATION UNDERSTANDING:** I understand that an original enlistment in the US Armed Forces obligates me to an eight (8) year Military Service Obligation. My term of enlistment in the Regular Army is creditable towards that obligation as was any enlistment in the Delayed Entry Program. In the event that the Secretary of the Army determines that military necessity of a national scope requires that soldiers be available for assignment/reassignment or training, any or all guarantees contained in this agreement may be terminated. Under these conditions I may be trained, assigned or reassigned according to the needs of the Army.
- 5 I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the US Army or any other agency has advised me to conceal, nor I have concealed information in connection with my enlistment.

**AUTHENTICATION**

SIGNATURE OF GUIDANCE COUNSELOR (b) (6)		SIGNATURE OF APPLICANT (b) (6)		DATE 941201
TYPED NAME, GRADE AND SSN OF COUNSELOR (b) (6) S'E7		TYPED NAME, SSN OF APPLICANT DAVID WILLIAM BREWER (b) (6)		DATE 941201
CCN: (REQUEST) 18476081			ANNEX C	DATE 940907

# STATEMENT OF UNDERSTANDING (ARMY POLICY)

For use of this form, see AR 601-210, the proponent agency is ODCEPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority** Title 10, United States Code, section 276, Executive Order 9397.  
**Principal Purpose** Basic form used to record contractual obligations to enlistees, guarantees and annexes enlistment contract.  
**Routine Uses** This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of the form are internal to the United States Army.  
**Disclosure** Disclosure of the Social Security Number (SSN) and other personal information is voluntary. However, failure to provide the required information may result in denial of enlistment or reenlistment.

### 1. SURE PAY: (b) (6)

a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, as explained below, to establish and maintain an account with a United States financial institution (such as a bank, savings and loan, or credit union) for the direct deposit/receipt of my Army net pay and allowances.

b. I understand that prior to training (b) (6) BT/AIT/OSUT, as applicable, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms see below (b) (6) to ensure that my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay and allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code (ARNG). "prior to or immediately upon arrival at the training base" (b) (6)

### 2. ALCOHOL AND DRUG ABUSE: (b) (6)

a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation from the Army.

b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the Army or have been awarded, I may be reclassified into another MOS.

### 3. RELIGIOUS PRACTICE ACCOMMODATION: (b) (6)

a. I understand the Department of the Army's policy on accommodation of religious practices is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety, or discipline. The Army places a high value on the rights of its soldiers to observe the tenets of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-20 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.

b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-20.

ANNEX B

4. I have read the following statement(s) of understanding

a. **USAR COMMISSIONED WARRANT OFFICERS** I understand that I will automatically vacate my reserve commission/warrant, if I enlist in the Delayed Entry Program.

b. - **ESL ENLISTEE:** I understand that I am enlisting into the Regular Army unassigned. I have been accepted under the conditions described below:

(1) I will be required to attend the English Language Training Program.

(2) I will be administered the English Language Comprehension Test (ECLT) upon completion of training. If my score is 70 or greater, I will be required to take the Armed Services Vocational Aptitude Battery (ASVAB).

(3) The resulting scores from my retest will be the scores of record from which my qualifications and options will be determined. If I do not score at least a 21 on the ASVAB retest, with at least one qualifying aptitude area score, I will be assigned an enlistment program/option and MOS based upon my initial ASVAB scores. If neither my ASVAB retest nor my initial ASVAB scores qualify me for an enlistment program/option and MOS, I will be separated from the Army.

(4) If I fail to attain the required score of 70 on the ECLT, I will be separated from the Army, regardless of my AFQT and aptitude area scores.

(5) I have not been guaranteed any assignment, job, or training skill, and fully understand the nature of this enlistment.

(6) My term of enlistment is four (4) years.

c. **PRIOR SERVICE ENLISTEE:** I understand that if I have enlisted for an MOS that is taught in the OSUT mode, I may be required to complete all or a portion of Basic Training, regardless of the period of my break in service.

d. **FITNESS TRAINING UNIT:** I understand that I will be given a Pre-Basic Training Physical Fitness test during my first 3 days at the Reception Station. Should I fail to meet the minimum requirements, I will be placed in a Fitness Training Unit (FTU) until I can attain the minimum physical standards to enter Basic Training. 13 PUSH-UPS (b) (6)

5. I have enlisted for the following Educational Incentive Programs (initial under the appropriate column for each program):

	YES	NO
Montgomery GI Bill (MGIB)	(b) (6)	(b) (6)
Army College Fund (ACF)		
Loan Repayment Program (LRP)		

AUTHENTICATION		
TYPED NAME AND SSN OF APPLICANT DAVID BREWER (b) (6)	SIGNATURE OF APPLICANT (b) (6)	DATE 940907
TYPED GRADE AND SSN OF COUNSELOR SFC, USA (b) (6) Guidance Counselor	SIGNATURE OF GUIDANCE COUNSELOR (b) (6)	DATE SEP 7 1994

RESERVE, DA FORM 3286-67, JUN 91

U.S. Government Printing Office: 1991 - 281-485-44

# AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I have been provided a Privacy Act Statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary. The information will be used for the purpose of determining my qualification for employment with the Federal Government, service in the Armed Forces, or access to classified information.

I therefore authorize any duly accredited representative of the Department of Defense, including those from the Defense Investigative Service, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I further authorize the Defense Investigative Service and any other authorized Department of Defense agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I direct you to release such information upon request of the duly accredited representative of any authorized Department of Defense agency regardless of any agreement I may have made with you previously to the contrary.

I have been advised that the original of this authorization will be placed on file with the Department of Defense. This authorization will expire in five (5) years or upon the termination of my affiliation with the Department of Defense, whichever is sooner.

a. TYPED NAME (LAST, First, Middle Initial) <b>BREWER, David W</b>		b. OTHER NAMES USED <b>BREWER DAVID WILLIAM</b>	
c. DATE OF BIRTH (YYMMDD) <b>(b) (6)</b>	d. SOCIAL SECURITY NUMBER <b>(b) (6)</b>	e. CURRENT HOME ADDRESS (Street, City, State and Zip Code) <b>(b) (6)</b>	
f. HOME TELEPHONE NUMBER (Include Area Code) <b>(b) (6)</b>		g. SIGNATURE <b>(b) (6)</b>	
h. DATE SIGNED (YYMMDD) <b>940906</b>			

**DEPARTMENT OF DEFENSE  
NATIONAL AGENCY QUESTIONNAIRE**

Form Approved  
OMB No. 0704-0298  
Expires Jul 31, 1992

Before completing form, read attached Privacy Act Statement, General, and Detailed Instructions.  
Items outlined by heavy black line are for Requesting Agency's use only.

Public reporting burden for this collection of information is estimated to average 1.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0298), Washington, DC 20503.

<b>A. REQUEST DATE (YYMMDD)</b> (b) (6)		<b>B. TYPE REQUEST (X one)</b> (b) (1) NAC (b) (3) DNAC (b) (4) ENTNAC		<b>C. LOCAL FILES CHECKED WITH FAVORABLE RESULTS (X one)</b> (If "No," explain in Item 16) (b) (1) Yes (b) (6) 2) No		<b>FOR DIS USE ONLY</b>	
<b>D. CODE</b> 433523							
<b>E. GOVERNMENT EMPLOYMENT (X one)</b> <input checked="" type="checkbox"/> (1) Yes (2) No		<b>F. CITIZENSHIP VERIFIED (X one)</b> (b) (6) (1) Yes (b) (6) (2) No					
<b>G. FORWARD THIS REQUEST TO (include zip code)</b> DEFENSE INVESTIGATIVE SERVICE (DIS) PERSONNEL INVESTIGATION CENTER P.O. BOX 1083		<b>H. RETURN RESULTS TO (include zip code)</b> US ARMY TRAINING BATTALION AUGUSTA BUILDING 8085 N.W. 53rd Terrace, Suite 200 Miami, FL 33166 4811				<b>I. REASON FOR REQUEST</b>	
<b>F. NAME</b>						<input checked="" type="checkbox"/> ENLISTMENT 91B10	
a. LAST, First, Middle (LAST name in all capital letters) BREWER, David William		b. Maiden Name (if any)				SECRET	
2. OTHER NAMES USED (LAST, First, Middle) (include all other names used and dates of use) BREWER, David		3. SOCIAL SECURITY NUMBER (b) (6)				CONFIDENTIAL	
4. DATE OF BIRTH (YYMMDD) (b) (6)		5. PLACE OF BIRTH				COMMISSION	
a. Sex (b) (6)		b. Race (b) (6)		c. Height (b) (6)		RESERVES	
d. Weight (b) (6)		e. Hair Color (b) (6)		f. Eye Color (b) (6)		ROTC	
6. PHYSICAL CHARACTERISTICS (Complete all blocks)						OFFICER CANDIDATE	
7. STATUS (X a, b, c, d, or e and complete as applicable)						SERVICE ACADEMY	
a. Consultant		d. U.S. Government Employee (Complete (1) and (2))		e. Military (Complete (1) through (3))		PERS. RELIABILITY PROGRAM	
b. Contractor Employee		(1) Grade		(1) Rank E-1		RED CROSS / USO	
c. OODEP		(2) X if Applicant		(2) Branch of Service ARMY		NAFI	
				(3) X if Applicant		SUMMER HIRE	
8. CITIZENSHIP (X a, b, or c, and complete as applicable)						EDUCATION / ORIENTATION	
a. United States (X (1), (2), (3), (4), or (5))						NON-CITIZEN OVERSEAS	
(b) (1) Born in U.S.		(b) (2) Born abroad of U.S. parents				DOD BUILDING PASS	
(b) (3) Naturalized (Complete (a) through (e))		(b) (4) Derived from naturalized parent (Complete (a) through (e))				UNESCORTED ENTRY	
(a) Certificate Number(s)		(b) Date (YYMMDD)		(c) Place		AREA ACCESS	
(d) Court		(e) Alien Registration Number				OTHER (Specify)	
(5) Dual Citizenship (List country) (See DETAILED INSTRUCTIONS)						REINSTATEMENT	
b. United States National (List U.S. Trust Territory or Possession)						REVALIDATION	
c. Alien (Complete (1) through (4))		(1) Current Citizenship		(2) Registration Number		CONVERSION	
(3) Intend to become a U.S. citizen? (X one)		(a) Yes		(b) No		CONCURRENT	
(4) Permanent Resident Status? (X one)		(a) Yes		(b) No		SPECIFY CLEARANCE LEVEL	
9. MILITARY SERVICE (List in chronological order beginning with the most recent period. Include Reserve / National Guard service.)							
a. From (YYMMDD)	b. To (YYMMDD)	c. Branch of Service	d. Rank	e. Service Number(s)	f. Type of Discharge	g. Country	
10. RESIDENCES (List in chronological order beginning with current address. Give the inclusive dates for each period of residence. If you list a Rural Route address, provide instructions or map for locating that residence. Do not list Post Office Box addresses. See DETAILED INSTRUCTIONS.)							
a. Current Home Telephone (Include Area Code) (b) (6)							
b. Dates (YYMM)		c. Address					
(1) From	(2) To	(1) Number, Street and Apartment Number	(2) City	(3) State	(4) Zip Code	(5) Country	
9409	Present	(b) (6)					
9407	9409	(b) (6)					
9212	9407	(b) (6)					
9206	9212	(b) (6)					
8901	9206	(b) (6)					

BT FT LNW  
AIT FT SAMH

MOS 91B10

MD 1 Dec 94

**11. EMPLOYMENT / DUTY ORGANIZATION** (List in chronological order, beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. Also list current Reserve or National Guard Unit. If discharged for cause, so state in Item 14. See DETAILED INSTRUCTIONS.)

Yes	No				
	<input checked="" type="checkbox"/>	a. Have you ever been in Federal Civil Service? (If "Yes," explain in accordance with DETAILED INSTRUCTIONS.)			
b. Dates (YYMM)		c. Name of Employer	d. Job Site, Duty Station or Home Port	e. Immediate Supervisor	(2) Telephone No. (Incl. Area Code)
(1) From	(2) To		(Street, City, State and Zip Code)	(1) Name (LAST, First, Middle Initial)	
9408	Present	Unemployed	(b) (6)		
9403	9408	Lifestream Behavioral Ctr	(b) (6)		
9308	9404	Leesburg Regional medical Ctr	(b) (6)		
9307	9403	Wal-Mart Pharmacy	(b) (6)		

**12. FAMILY / ASSOCIATES** (Give requested data for:   
 • Father, Mother, Spouse, Cohabitant, and Children   
 • All brothers and sisters NOT born in the United States   
 • ALL relatives or friends to whom you, your spouse, or cohabitant are bound by affection or obligations IF such persons are residing in, are citizens of, or are employed by or otherwise acting as representatives of ANY foreign country.)

a. Relationship and Name (LAST, First, Middle Initial)	b. Present Address (Street, City, State and Zip Code)	c. Date of Birth (YYMMDD)	d. Place of Birth (City, State, Country)	e. Citizenship
(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)
(3) Spouse (maiden name if applicable)				
(4)				
(5)				
(6)				

**13. FOREIGN TRAVEL / CONNECTIONS**

Yes	No	(X "Yes" or "No" for each question. "Yes" answers must be explained in accordance with DETAILED INSTRUCTIONS.)
(b) (6)		a. Do you have any foreign property, business connections, or financial interests?
		b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
		c. Have you ever traveled outside the United States on other than official U.S. Government orders? (Include even short trips to Canada or Mexico)
		d. Have you ever had any contact with a foreign government, its establishments (e.g. embassies, consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business?

**14. REMARKS** (You may provide any additional information which you feel may help.) (b) (6)

Item # 11 - B 94-08 - Present  
 Ref Item 11 (1), (2) c, d, e,  
 9906 9307 Full Time student.

**15. CERTIFICATION BY PERSON COMPLETING FORM.** I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

a. Typed Name (LAST, First, Middle Initial)	b. Social Security No.	c. Signature	d. Date Signed (YYMMDD)
BREWER, David W.	(b) (6)	(b) (6)	940904

**16. RESULTS OF LOCAL FILES CHECK**

**FOR INDUSTRIAL REQUESTER ONLY**

17. CERTIFICATION. I certify that the above named individual is employed by this company and has the need for the clearance indicated to perform on classified contracts.		a. Contract Number	b. Telephone Number of FSO / Designee (Include Area Code)
c. Typed Name of FSO / Designee (LAST, First, Middle Initial)	d. Signature	e. Date Signed (YYMMDD)	

Answers to questions in Items 18 through 22 are **NOT** limited to the last 5, 10, or 15 years, but pertain to your entire life. (See DETAILED INSTRUCTIONS.)

**18. ARRESTS** \* You must list ALL arrest information regardless of whether you have previously listed or disclosed this information or whether the record in your case has been "sealed," expunged, or otherwise stricken from the court record. You must also include all courts-martial or non-judicial punishment (Article 15 UCMJ or Captain's Mast)  
 • The only exceptions are for certain convictions under the Federal Controlled Substances Act (21 U.S.C. 844 or 18 U.S.C. Section 3607) (See DETAILED INSTRUCTIONS)  
 • You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed, unless alcohol or drug related  
 • IF YOU ARE A MILITARY ENLISTMENT APPLICANT, you must list ALL traffic violations.

Yes No  
 (b) (6)

a. Have you ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or you were found not guilty?

b. List details of "Yes" answers

(1) Date (YYMMDD)	(2) Nature of Offense or Violation	(3) Name and Location of Law Enforcement Agency (City and State)	(4) Name and Location of Court/Magistrate (City and State)	(5) Penalty Imposed or Other Disposition in Each Case
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(b) (6)

**19. CREDIT HISTORY** ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS.)

Yes No  
 (b) (6)

- a. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b. Have you ever had your wages garnished or anything repossessed?
- c. Have you ever had a lien placed upon your property for failing to pay taxes?
- d. Do you have any judgments against you which you have not paid?
- e. Are you now or have you been significantly delinquent on debts? (Paid more than 120 days from scheduled payment due date)

**20. DRUG / ALCOHOL USE AND MENTAL HEALTH** ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS.)

Yes No  
 (b) (6)

- a. Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician?
- b. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?
- c. Have you ever misused or abused any drug prescribed by a licensed physician for yourself or for someone else?
- d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?
- e. Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?
- f. Have you ever consulted or been counseled by any mental health professional?

**21. ORGANIZATIONS** ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS.)

Yes No  
 (b) (6)

- a. Are you now or have you ever been a member of the Communist Party or any Communist organization?
- b. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which:
  - (1) Advocates the overthrow of our constitutional form of government?
  - (2) Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the U.S.?
  - (3) Seeks to alter the form of government of the United States by force, violence, or other unconstitutional means?
  - (4) Advocates or engages in the disruption or halting of U.S. government activities through force, violence, or infiltration of the government service?

c. ~~\_\_\_\_\_~~ referred to in 21 a. and b.)

(1) Name (Do not abbreviate)	(2) Address (Number and Street, City, State, Zip Code)	(3) Type	(4) From (YYMM)	(5) To (YYMM)

**22. SECURITY CLEARANCE**

Yes No  
 (b) (6)

a. Have you ever held a security clearance, to include a contractor-granted Confidential? (If "YES," give details below.)

(1) Level	(2) Date Granted (YYMMDD)	(3) Granted By	(4) Name of Employer

b. Have you ever had a security clearance denied, suspended or revoked? (If "YES," give details in Item 14.)

**23. CERTIFICATION BY PERSON COMPLETING FORM.** I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

a. Typed Name (LAST, First, Middle Initial)	b. Social Security No.	c. Signature	d. Date Signed (YYMMDD)
BREWER, David W	(b) (6)	(b) (6)	940906

# MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

84  
(b) (6)

## Privacy Act Statement

**AUTHORITY:** Chapter 30, Title 38, US Code, Sections 1411 and 1412; and EO 9397.  
**PRINCIPAL PURPOSE:** To establish eligibility to participate in the Montgomery GI Bill Act of 1984.  
**ROUTINE USES:** Information will be used as a source document indicating participation status of each service member in the Montgomery GI Bill benefits program. Determination of participation status will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.  
**DISCLOSURE:** Voluntary; however, failure to provide Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.

### 1. SERVICE MEMBER

a. NAME (Last, First, Middle Initial)

BREWER, DAVID W.

b. SOCIAL SECURITY NUMBER (SSN)

(b) (6)

### 2. STATEMENT OF UNDERSTANDING

a. ACADEMY / ROTC SCHOLARSHIP GRADUATES

I am **NOT** eligible for the MGIB because I am a Service Academy graduate / Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) Service Member Signature

(2) Rank / Grade

(3) Date Signed  
(YYMMDD)

### b. ALL OTHER SERVICE MEMBERS

- (1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.
- (2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 3 below by the date designated by my Service.
- (3) I understand that unless I disenroll from the MGIB, my basic pay will be reduced \$100 per month for EACH of the first 12 full months of active duty and this basic pay reduction cannot be **REFUNDED, SUSPENDED OR STOPPED**.
- (4) I must complete 36 months of active duty service before I am entitled to \$300 per month of benefits for a period of 36 months.
- (5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive \$250 per month of benefits for a period of 36 months.
- (6) I must complete 24 months of active duty service and join the Selected Reserve for a minimum of a 48 month service agreement and serve honorably in the Selected Reserve to begin receiving \$300 per month for up to 36 months.
- (7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment.
- (8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).
- (9) I must receive an honorable discharge for service establishing entitlement to the MGIB.
- (10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.
- (11) If I die while on active duty, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).
- (12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.
- (13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) Service Member Signature

(b) (6)

(b) Rank / Grade

PVT / E-1

(c) Date Signed  
(YYMMDD)

940907

### 3. STATEMENT OF DISENROLLMENT

I do not desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.

a. SERVICE MEMBER SIGNATURE

b. RANK / GRADE

c. DATE SIGNED  
(YYMMDD)

### 4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

### 5. WITNESSING OFFICIAL

a. TYPED OR PRINTED NAME (Last, First, Middle Initial)

(b) (6)

b. RANK / GRADE

SFC / E-7

c. SIGNATURE

(b) (6)

d. DATE SIGNED  
(YYMMDD)

940907

OATH OF EXTENSION OF ENLISTMENT

(For use of this form, see AR 601-280; the proponent agency is DCSPER)

APPLICANT DATA

NAME (LAST, FIRST, MIDDLE)	RANK	SSN
BREWER DAVID WILLIAM	SPC	(b) (6)
PLACE OF EXTENSION (Unit, Installation, State, ZIP Code)	EXTENSION CONTROL NUMBER (If Applicable)	
MEDICAL COMPANY FORT BRAGG NC 28307	1117719	

AGREEMENT

I, a member of the Regular Army, do hereby acknowledge this 28TH day of MAY, 1997, to have voluntarily extended my 4 YEARS MOS          WKS enlistment of the 01ST day of DECEMBER, 1994 (Enter current enlistment as extended) as a soldier in the Regular Army of the United States to a period of 5 years 3 months          weeks from the last mentioned date. The period of this extension is 15 months and my new ETS date is 2000 FEB 30. My request for extension is TO COMPLY WITH ASSIGNMENT INSTRUCTIONS/SRR FOR SCHOOL (Specific Reason). UP paragraph 4-9A, chapter 3, AR 601-280. (APPROPRIATE PARAGRAPH)

FULL SIGNATURE OF APPLICANT	DATE SIGNED (YY/MM/DD)
(b) (6)	1997 MAY 28

RESPONSIBLE CAREER COUNSELOR

TYPED NAME (LAST, FIRST, MI)	RANK	SSN	UNIT (Unit, Installation, State, ZIP Code)
(b) (6)	7	(b) (6)	WOMACK ARMY MEDICAL CENTER FT. BRAGG, NC 28306-5000

REMARKS

ADMINISTERING OFFICER

Subscribed to before me this 28TH day of MAY, 1997.

TYPE NAME (LAST, FIRST, MI)	RANK
(b) (6)	CPT

SIGNATURE	UNIT (Unit, Installation, State, ZIP Code)
(b) (6)	A CO, WOMACK ARMY MEDICAL CENTER FORT BRAGG, NC 28307-5000

*CPT, US*

**REQUEST FOR REENLISTMENT OR EXTENSION IN THE REGULAR ARMY**

For use of this form, see AR 601-280; the proponent agency is ODCSPER

**SECTION I - SOLDIER'S REQUEST**

1. TO  
COMMANDER  
A CO, WOMACK ARMY MEDICAL CENTER  
FORT BRAGG, NC 28307-5000

2. FROM  
SPC DAVID WILLIAM BREWER  
(b) (6)  
A CO, WOMACK ARMY MEDICAL CENTER  
FORT BRAGG, NC 28307-5000

3. REQUEST I BE AUTHORIZED TO *(Select one)*

- (b) (6) a. REENLIST IN THE ACTIVE COMPONENT.
- (b) (6) b. EXTEND MY ENLISTMENT FOR THE FOLLOWING REASON \_\_\_\_\_

4. ACCRUED LEAVE OPTIONS *(Select one)*

- (b) (6) a. I DESIRE TO CASH IN \_\_\_\_\_ DAYS OF ACCRUED LEAVE.
- b. I DO NOT DESIRE TO CASH IN ACCRUED LEAVE.
- c. I AM EXTENDING MY PRESENT ENLISTMENT AND HAVE BEEN COUNSELED ON CASHING IN ACCRUED LEAVE.

5. DATE

27 May 97

6. SIGNATURE

(b) (6)

**SECTION II - COMMANDER'S CERTIFICATION**

7. COMMANDER'S DETERMINATION OF QUALIFICATION *(Select one)*

- (b) (6) a. SOLDIER IS FULLY QUALIFIED FOR REQUESTED ACTION.
- b. SOLDIER IS NOT FULLY QUALIFIED AND REQUIRES WAIVER. *(Select 8b or 8c(1) below).*
- c. SOLDIER IS FULLY QUALIFIED, BUT IS NOT RECOMMENDED FOR FURTHER SERVICE. *(Select 8c(2) below)*

8. COMMANDER'S DETERMINATION/RECOMMENDATION FOR CONTINUED SERVICE WITHIN THE ARMY *(Select one)*

- (b) (6) a. APPROVED
- b. RECOMMEND APPROVAL. DA FORM 3072 IS ATTACHED.
- c. DISAPPROVED
- (b) (6) (1) I DISAPPROVE THE SOLDIER'S REQUEST FOR WAIVER OF DISQUALIFICATION.
- (b) (6) (2) I HAVE INITIATED A BAR TO REENLISTMENT UNDER THE PROVISIONS OF CHAPTER 8, AR 601-280.

9. TYPED NAME, RANK, AND BRANCH OF COMMANDER

(b) (6) \_\_\_\_\_ CPT, MS, COMMANDING

10. SIGNATURE

(b) (6)

11. DATE

27 May 97

**DEPARTMENT OF THE ARMY**  
Headquarters, 18th Personnel Services Battalion  
Fort Bragg, North Carolina 28307-5000

ORDERS 36-10

5 February 1998

The Secretary of the Army has reposed special trust and confidence in the patriotism, valor, fidelity, and professional excellence of **DAVID W. BREWER**. In view of these qualities and his demonstrated leadership potential and dedicated service to the U.S. Army, he is, therefore promoted from Specialist to Sergeant. **MOS 91B20** is awarded as his primary MOS effective **5 February 1998**. Promotion is effective **5 February 1998** with a date of rank of **5 February 1998**. The promotion is not valid and this order will be revoked if he is not in a promotable status on the effective date of promotion. The authority for this promotion is AR 600-8-19, paragraphs 3-7d, 3-34k(3), and USTAPC memorandum, TAPC-MSP-E, dated 7 November 1997, SUBJECT: DA Promotion Point Cutoff Scores for 1 December 1997 and Junior Enlisted Issues. Other MOS actions as a result of this promotion are withdrawal of primary MOS 91B10.

Additional instructions: Soldiers promoted to Sergeant will report to their servicing Identification Card section to update their Identification Cards.

Format: 302

FOR THE COMMANDER:

(b) (6)



CW2, USA  
Assistant Personnel Officer

DISTRIBUTION:

PSB (1)

MPRJ (1)

CDR, USAEREC, ATTN: PCRE-FS, Ft. Benjamin Harrison, IN 46249 (1)

CDR, Womack Army Med Ctr, Ft. Bragg, NC 28307-5000 (1)

SPC BREWER, (b) (6) Womack Army Med Ctr, Ft. Bragg, NC 28307-5000 (3)

ENLISTMENT/REENLISTMENT DOCUMENT  
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411, of 10 USC and in Executive Orders 9397, 10450, and 11652.

**PRINCIPAL PURPOSES:** To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U.S. Armed Forces to the Social Security Administration. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

**ROUTINE USES:** To document your enlistment/reenlistment agreement with the U.S. Armed Forces; to record voluntary changes in your enlistment/reenlistment agreement; to determine dates of service and seniority; and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U.S. Armed Forces.

**DISCLOSURE IS VOLUNTARY:** However, failure to furnish information will result in denial of enlistment or reenlistment.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA															
1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER													
BREWER DAVID WILLIAM		(b) (6)													
3. HOME OF RECORD (Street, City, State, ZIP Code)		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State)													
(b) (6)		MEDICAL COMPANY FORT BRAGG NC 28307													
5. DATE OF ENLISTMENT/ REENLISTMENT (YYMMDD)	6. DATE OF BIRTH (YYMMDD)	7. PREV MIL SVC UPON ENL/REENLIST													
1998 FEB 06	(b) (6)	<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>a. Total Active Military Service</td> <td>03</td> <td>02</td> <td>05</td> </tr> <tr> <td>b. Total Inactive Military Service</td> <td>00</td> <td>04</td> <td>23</td> </tr> </tbody> </table>			YEARS	MONTHS	DAYS	a. Total Active Military Service	03	02	05	b. Total Inactive Military Service	00	04	23
	YEARS	MONTHS	DAYS												
a. Total Active Military Service	03	02	05												
b. Total Inactive Military Service	00	04	23												

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) ARMY.  
 \_\_\_\_\_ this date for 04 \_\_\_\_\_ years and  
 \_\_\_\_\_ weeks beginning in pay grade E5. The additional details of my enlistment/  
 reenlistment are in Section C and Annex(es) A AND B.

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):  
 I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) \_\_\_\_\_ for enlistment in the Regular component of the United States (list branch of service) \_\_\_\_\_ for not less than \_\_\_\_\_ years and \_\_\_\_\_ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

- b. Remarks: (if none, so state.)
- (1) REGULAR ARMY REENLISTMENT OPTION (A000) RCN 1401231.
  - (2) NO BONUS ENTITLEMENT.
  - (3) NO WAIVER.
  - (4) 1ST REENLISTMENT.

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.  
 ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.  
 (Initials of Enlistee/Reenlistee) \_\_\_\_\_ (Continued on reverse side.)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)

SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE

BREWER DAVID WILLIAM

(b) (6)

**D. CERTIFICATION AND ACCEPTANCE**

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) (b) (6) NONE (b) (6) Initials of enlistee/reenlistee

b. SIGNATURE OF ENLISTEE/REENLISTEE

c. DATE SIGNED (YYMMDD)

(b) (6)

1998 FEB 06

14a. On behalf of the United States (list branch of service) ARMY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

c. PAY GRADE

d. UNIT/COMMAND NAME

(b) (6)

E7

WOMACK ARMY MEDICAL CENTER

e. SIGNATURE

f. DATE SIGNED (YYMMDD)

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

(b) (6)

1998 FEB 06

FT. BRAGG, NC 28306-5000

**E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT**

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, DAVID WILLIAM BREWER, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will be obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_, and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ in the \_\_\_\_\_ National Guard as a Reserve of the United States (list branch of service) \_\_\_\_\_ with membership in the \_\_\_\_\_ National Guard of the United States for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days, under the conditions prescribe by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE/REENLISTEE

b. DATE SIGNED (YYMMDD)

(b) (6)

1998 FEB 06

19a. The above oath was administered, subscribed and duly sworn to (or affirmed) before me this date.

**ENLISTMENT/REENLISTMENT OFFICER INFORMATION**

b. NAME (Last, First, Middle)

c. PAY GRADE

d. UNIT/COMMAND NAME

(b) (6)

O-4

A COMPANY, WAMC

e. SIGNATURE

f. DATE SIGNED (YYMMDD)

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

(b) (6)

1998 FEB 06

FORT BRAGG, NC 28307-5000

STATEMENTS FOR ENLISTMENT  
(PARTS I THROUGH IV)

For use of this form see, AR 601-280, the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Sections 504, 505, 508, and 510, Title 10, USC.  
**PRINCIPAL PURPOSE:** To determine eligibility for reenlistment.  
**ROUTINE USES:** Information may be referred to appropriate authorities if disciplinary action or discharge for fraudulent enlistment/reenlistment is appropriate.  
**DISCLOSURE:** Disclosure of personal information is voluntary, however, failure to furnish information requested may result in denial of reenlistment in the US Army.

PART I - GENERAL STATEMENT OF UNDERSTANDING

TO BE COMPLETED BY ALL APPLICANTS FOR REENLISTMENT IN THE REGULAR ARMY

1. **ACKNOWLEDGEMENT:** In connection with my reenlistment in the Regular Army, I hereby acknowledge that:
- All promises made to me are contained in Item 10 of DD Form 4, my reenlistment agreement and Part II of this statement.
  - I have not been guaranteed Technical School Training unless the title of the school course has been entered in Item 10, DD Form 4.
  - Should I make any material omission or misstatement of fact in connection with any of my enlistment documents, (1) I may be subject to early separation from this enlistment, or (2) I will complete, if permitted, the period for which I enlisted in any assignment deemed appropriate in accordance with the needs of the Army.
  - Should I choose an option which requires a security clearance and I am not granted such clearance after I have enlisted, or my granted clearance is revoked after I have enlisted, I agree to accept any assignment in accordance with the needs of the Army and I will complete the period for which I enlisted.
  - Law violations for which I have been convicted or have had adverse adjudications as a juvenile or youthful offender may be cause for denial of security clearance.
  - My choice of initial enlistment option shown in item 10 of my DD Form 4 does not constitute any guarantee that a substantial part of my enlistment will be served in the option, and the needs of the service may result in my transfer at any time (other than as may be provided by the specific option selected) to any other assignment within the continental United States or to an oversea command. I am aware that due to the needs of the Army I may be subject to involuntary retraining and/or reclassification.
  - Should my enlistment involve a commitment for specialized training or a selective assignment, conduct on my part occurring after my enlistment which results in disciplinary action may be just cause for my transfer to any other assignment within the continental United States or to an oversea command.
  - My acceptance for enlistment carries no promise whatsoever relative to furnishing transportation for dependents to oversea commands or to the furnishing of family quarters either in oversea commands or in the continental United States.
  - If, after my enlistment for a specific option, I should fail to meet required qualifications which cannot be determined prior to my enlistment, I understand that I will not be offered another enlistment option, but will be trained and assigned in accordance with the needs of the Army and will be required to complete the term of service for which I enlisted.
  - If, after my enlistment in the Regular Army, I should waive my initial enlistment option as listed in item 10, DD Form 4, and in Part II of my statement for enlistment for any reason whatsoever, this initial option will not be reinstated at a later date.
  - I am not consciously opposed, by reason of religious training or belief, to bearing arms or to participation, or training for war in any form.
  - I am aware that in the event of armed conflict involving the United States, the Secretary of the Army may declare null and void any portion of my enlistment option pertaining to training, assignment, or duty, if he determines such action to be necessary.

PART II - IN-SERVICE REENLISTMENT OPTION

TO BE COMPLETED BY APPLICANT REENLISTING FOR A SPECIFIC OPTION

2. In connection with my reenlistment in the Regular Army for the REGULAR ARMY Reenlistment option, I hereby acknowledge that provided I meet required prerequisites I will be assigned as follows:
- ASSIGNMENT OR TRAINING TO THE NEEDS OF THE ARMY
3. I have read and understand the provisions of lines 2, 3, 4, and 5 of the option table for which I am reenlisting. Furthermore, to avoid misunderstandings, I have recorded below in my own words and handwriting all spoken and written promises that have been made to me in connection with my enlistment in the Regular Army (at end of statement, applicant will print the word "END")
- ASSIGNMENT OR TRAINING TO THE NEEDS OF THE ARMY. NONE END (b)(6)
4. If reenlisting for the CONUS Station of Choice Reenlistment Option, I understand that my 12 months stabilization will commence on date of reenlistment or upon arrival at new station, whichever is later. I further understand that if I am subsequently placed on TDY in excess of 30 days, my stabilization will be extended by the number of days in excess of the initial 30-day period, unless I voluntarily waive my stabilization. It is also understood that if HQDA determines that in order to meet the operational needs of the Army, the unit or subordinate element must be deployed from the parent organization, I must deploy with the unit and no grounds for a broken reenlistment commitment will exist.
5. In the event my enlistment commitment cannot be fulfilled, the alternatives available to me will be as provided in Chapter 5, AR 635-200, as of the date of my claim of unfulfilled enlistment commitment or erroneous enlistment is submitted. I understand that

I will have a period of thirty (30) days to elect an alternative or to request other training or assignment from the date I am advised that my selected option cannot be fulfilled or, where not formally advised, from the date I discover or should have discovered the grounds for submitting a claim. This period may be extended by the general courts-martial convening authority when necessary to determine the availability of my selected alternative. If I make no election within that period, my claim will be deemed to have been waived. I may withdraw any request for training or reassignment prior to approval and elect another alternative, but not thereafter.

**PART III - STATEMENT OF LAW VIOLATIONS AND PREVIOUS CONDITIONS**

6. Complete the statement in a below and answer questions b through f as appropriate, by placing a checkmark under the "YES" or "NO" column. In-service personnel immediately enlisting will list those violations occurring during current term of service, except for offenses not previously revealed.

- a. I have read, or have had explained to me, paragraphs 2-4 and 7-4, AR 604-10, which set forth the criteria (reasons) for discharge and types of discharge and certify that I (b) have (b) have not (check one) engaged in disloyal or subversive activities as defined herein.
- b. Have you ever been rejected for enlistment or induction in any of the Armed Forces to include failure of the mental examinations administered by any AFEES, or been discharged from previous service under other than honorable conditions, under Personnel Security Regulations, or by reason of unsuitability, or undesirable habits or traits of character, or for medical reasons? YES | NO | (b) (6)
- c. Have you ever been arrested, cited, charged or held by Federal, State, County, City or other law enforcement authorities or by Juvenile Court of Juvenile Probation Officials for any violation of any Federal Law, State Law, County or Municipal Law, Regulation or Ordinance?
- d. Have you ever been convicted of a felony or any other offense, or adjudicated a youthful or juvenile delinquent?
- e. Have you ever been imprisoned under sentence of any court?
- f. Are you now or have you ever been on parole, probation supervision, under suspended sentence, or are you awaiting final action of charges against you?

7. In the space below, give full details for any of the above questions to which you answered "YES". (If additional space is required, continue on a separate sheet of paper and attached securely to this form).

REF ITEM	OFFENSE(S)	DATE AND PLACE	DISPOSITION
	NONE		

8. **UNDERSTANDING.** I understand that should I intentionally conceal or misrepresent any information regarding my record of arrests or convictions or juvenile court adjudications, I may later be subject to disciplinary action under the Uniform Code of Military Justice (UCMJ) and/or discharged from the Service under other than honorable conditions.

**PART IV - DEPENDENCY STATEMENT**

TO BE COMPLETED BY ALL APPLICANTS

9. Relationship and age of all persons who are dependent upon me for support are recorded below (If none, so state):

RELATIONSHIP	AGE	RELATIONSHIP	AGE
(b) (6)	(b) (6)		

10. **UNDERSTANDING:** I understand that if I am selected for enlistment in the Regular Army, I will be expected to accept such assignments as are in the best interest of the Service regardless of marital status and/or responsibility for dependents; and that it is my responsibility to make appropriate arrangements for the care of my dependents should I be required to perform duty in an area where dependents are not authorized.

11. I have read and understand the meaning of all statements contained in Parts I through IV of the form and agree to all conditions set forth therein. I certify that all answers to questions, statements, and entries on the form are true, correct, and complete, and that the Recruiter/Career Counselor has informed me that should I intentionally conceal any information required above, I may later be subject to disciplinary action or discharge upon its discovery.

DATE	SIGNATURE OF APPLICANT	SIGNATURE AND TITLE OF WITNESS
98 FEB 06	(b) (6)	(b) (6) (b) (6) CAREER COUNSELOR

REQUEST FOR REENLISTMENT OR EXTENSION IN THE REGULAR ARMY  
For use of this form, see AR 601-280, the proponent agency is ODCSPER

SECTION I - SOLDIER'S REQUEST

1. TO: Commander A CO, WOMACK ARMY MEDICAL CENTER FORT BRAGG, NC 28307-5000	2. FROM: SPC DAVID WILLIAM BREWER (b) (6) MEDICAL COMPANY FORT BRAGG NC 28307
--	---

3. REQUEST I BE AUTHORIZED TO (Select one)

- (b) (6) a. REENLIST IN THE ACTIVE COMPONENT
- (b) (6) b. EXTEND MY ENLISTMENT FOR THE FOLLOWING REASON \_\_\_\_\_

4. ACCRUED LEAVE OPTIONS (Select One)

- (b) (6) a. I DESIRE TO CASH IN \_\_\_\_\_ DAYS ACCRUED LEAVE.
- (b) (6) b. I DO NOT DESIRE TO CASH IN ACCRUED LEAVE.
- (b) (6) c. I AM EXTENDING MY PRESENT ENLISTMENT AND HAVE BEEN COUNSELED ON CASHING IN ACCRUED LEAVE.

5. DATE 4 FEBRUARY 1998	6. SIGNATURE (b) (6)
----------------------------	-------------------------

SECTION II - COMMANDER'S CERTIFICATION

7. COMMANDER'S DETERMINATION OF QUALIFICATION: (Select one)

- (b) (6) a. SOLDIER IS FULLY QUALIFIED FOR REQUESTED ACTION
- (b) (6) b. SOLDIER IS NOT FULLY QUALIFIED AND REQUIRES WAIVER. (Select 8b or 8c(1) below).
- (b) (6) c. SOLDIER IS FULLY QUALIFIED, BUT IS NOT RECOMMENDED FOR FURTHER SERVICE. (Select 8c(2) below)

8. COMMANDER'S DETERMINATION/RECOMMENDATION FOR CONTINUED SERVICE WITHIN THE ARMY (Select one)

- (b) (6) a. APPROVED
- (b) (6) b. RECOMMEND APPROVAL. DA FORM 3072 IS ATTACHED
- (b) (6) c. DISAPPROVED
- (1) I DISAPPROVE THE SOLDIER'S REQUEST FOR WAIVER OF DISQUALIFICATION.
- (2) I HAVE INITIATED A EAR TO REENLISTMENT UNDER THE PROVISIONS OF CHAPTER 8, AR 601-280.

9. TYPED NAME, RANK AND BRANCH OF COMMANDER  
(b) (6) CPT,

10. SIGNATURE (b) (6)	11. DATE 4 FEBRUARY 1998
--------------------------	-----------------------------

SERVICE SCHOOL ACADEMIC EVALUATION REPORT				DATE	
For use of this form, see AR 623-1; the proponent agency is MILPERCEN.				02 February 1998	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL BREWER, DAVID W		2. SSN (b) (6)	3. GRADE SPC	4. BR	5. SPECIALTY/MOSC 91B10
6. COURSE TITLE Primary Leadership Development Course 02-98		7. NAME OF SCHOOL USA XVIII Abn Corps NCO Academy, Ft Bragg, NC 28307		8. COMP RA	
9. TYPE OF REPORT <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From: 98 01 06 Thru: 98 02 05		11. DURATION OF COURSE (Year, month, day) <input checked="" type="checkbox"/> From: 98 01 06 Thru: 98 02 05		
12. EXPLANATION OF NONRATED PERIODS					
13. PERFORMANCE SUMMARY (b) (6)			14. DEMONSTRATED ABILITIES (b) (6)		
*Rating must be supported by comments in ITEM 16. (SUPERIOR/UNSAT rating must be supported by comments in ITEM 16)					
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? (b) (6) N/A (A "NO" response must be supported by comments in ITEM 16)					
16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential; leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs) (b) (6)					
(b) (6)					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER (b) (6) SSG, USA, Small Group Leader			SIGNATURE (b) (6)		
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER (b) (6), CSM, USA, Commandant			SIGNATURE (b) (6)		
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student) WOMACK ARMY MEDICAL CENTER			b. DISTRIBUTION <input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/B NCOES only)    FS-27 <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS		

DEPARTMENT OF THE ARMY  
Bravo Detachment, 18th Personnel Service Battalion  
Fort Bragg, North Carolina 28307-5000

PERMANENT ORDERS 091-86

1 April 1998

BREWER, DAVID (b) (6) SGT WOMACK ARMY MED CTR (W2L6AA) FT BRAGG, NC  
28307

Announcement is made of the following award.

Award: Good Conduct Medal (1st Award)  
Date(s) or period of service: 1 December 1994 to 30 November 1997  
Authority: paragraph 4-3, AR 600-8-22  
Reason: For exemplary behavior, efficiency, and fidelity in active  
federal military service.  
Format: 320

FOR THE MILITARY PERSONNEL OFFICER:

(b) (6)

(b) (6)

WO1, USA  
Personnel Technician

DISTRIBUTION:

SGT BREWER (3)  
CDR, 18TH PSB ATTN: EB (1)  
CDR, WOMACK ARMY MED CTR (1)  
CDR, USAEREC, ATTN: PCRE-FS, FT BENJAMIN HARRISON, IN 46249 (1)

SERVICE SCHOOL ACADEMIC EVALUATION REPORT				DATE	
For use of this form, see AR 623-1; the proponent agency is MILPERCEN.				07 July 1999	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL BREWER, DAVID W.		2. SSN (b) (6)	3. GRADE SGT	4. BR	5. SPECIALTY/MOSC 91B20
6. COURSE TITLE CARDIOVASCULAR SPECIALTY COURSE, 01-98		7. NAME OF SCHOOL AHS, FT. SAM HOUSTON, TX 78234		8. COMP RA	
9. TYPE OF REPORT <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From: 980505 Thru: 990707		11. DURATION OF COURSE (Year, month, day) From: 980505 Thru: 990707		
12. EXPLANATION OF NONRATED PERIODS					
13. PERFORMANCE SUMMARY  (b) (6)			14. DEMONSTRATED ABILITIES  (b) (6)		
*Rating must be supported by comments in ITEM 16.			(SUPERIOR/UNSAT rating must be supported by comments in ITEM 16)		
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? (b) (6) (A "NO" response must be supported by comments in ITEM 16)					
16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs) (b) (6)					
(b) (6)					
(b) (6)					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER (b) (6) SFC, USA CLASS ADVISOR, CARDIOVASCULAR SPECIALTY COURSE			SIGNATURE (b) (6)		
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER (b) (6) COL, DC DEAN, ACADEMY OF HEALTH SCIENCES			SIGNATURE (b) (6)		
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student)			b. DISTRIBUTION MCO5 <input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/B NCOES only) <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS		

DEPARTMENT OF THE ARMY  
Headquarters, US Army Air Defense Artillery Center and Fort Bliss  
Fort Bliss, Texas 79916-6812

PERMANENT ORDER 353-28

18 DECEMBER 2000

BREWER, DAVID W., (b) (6), SSG, B CO WBAMC (WOQ305) FT BLISS,  
TX 79916

Announcement is made of the following award.

Award: The Good Conduct Medal (2<sup>ND</sup> AWARD)  
Date(s) or period of service: 01 DECEMBER 1997 - 30 NOVEMBER 2000  
Reason: For exemplary behavior, efficiency and fidelity in  
active Federal Military Service  
Authority: Para 4-3, AR 600-8-22  
Format: 320

FOR THE COMMANDER:



DISTRIBUTION:  
010 less E plus (IC AWARDS) C. D. YOUNG  
1 CDR, USAEREC (ATTN: PCRE-FS) Adjutant General  
Fort Benjamin Harrison, IN 46249-5000  
1 MPRJ

MO

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BREWER, DAVID WILLIAM		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. (b) (6)	
4.a GRADE, RATE, OR RANK SSG	4.b PAY GRADE E6	5. DATE OF BIRTH (YYYYMMDD) (b) (6)	6. RESERVE OBLIG. TERM. DATE Year 2002   Month 09   Day 06		
7.a PLACE OF ENTRY INTO ACTIVE DUTY MIAMI, FL		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b) (6)			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND W003 BEAUMONT AMC CO B MC			8.b STATION WHERE SEPARATED FORT BLISS, TX 79916-6812		
9. COMMAND TO WHICH TRANSFERRED 73 MD HSP FIELD HOLD, 4815 N HUBERT AVE, TAMPA, FL 33614			10. SGLI COVERAGE (b) (6) None Amount: (b) (6)		
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.) 91B30 Y6 MEDICAL SPECIALIST--6 YRS-9 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period	1994	12	01
		b. Separation Date This Period	2002	02	05
		c. Net Active Service This Period	0007	02	05
		d. Total Prior Active Service	0000	00	00
		e. Total Prior Inactive Service	0000	00	00
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
		h. Effective Date of Pay Grade	2000	03	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL (2ND AWARD)//ARMY ACHIEVEMENT MEDAL (2ND AWARD)//ARMY GOOD CONDUCT MEDAL (2ND AWARD)//NATIONAL DEFENSE SERVICE MEDAL//HUMANITARIAN SERVICE MEDAL //NONCOMMISSIONED OFFICER'S PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//DRIVER AND MECHANIC BADGE WITH DRIVER-W BAR//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) MEDICAL SPECIALIST, 10 WEEKS, 1995//GASTROENTEROLOGY, 13 WEEKS, 1996//ELECTROCARDIOGRAM TECHNICIAN, 6 WEEKS, 1996//PRIMARY LEADERSHIP DEVELOPMENT, 4 WEEKS, 1998//CARD CAT(PHASE I), 21 WEEKS, 1998//CARD CAT SPC (PHASE II), 36 WEEKS, 1999//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
		(b) (6)		X	
16. DAYS ACCRUED LEAVE PAID (b) (6)					
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION (b) (6) Yes (b) (6) No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//IMMEDIATE REENLISTMENTS THIS PERIOD-- 19941201-19980205//EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) (b) (6)			19.b NEAREST RELATIVE (Name and address - include Zip Code) (b) (6)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (b) (6) DIR OF VET. AFFAIRS		X	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) (b) (6)	
21. SIGNATURE OF MEMBER BEING SEPARATED (b) (6)		(b) (6) GS7, CHIEF, AG TRNS BR			

*6 Mar*

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION (b) (6)	24. CHARACTER OF SERVICE (Include upgrades)
-----------------------------------	---

ATZC-AGI-RCT

19 November 2001

MEMORANDUM FOR SSG BREWER, DAVID WILLIAM, (b) (6) FT BLISS, TX,  
79916

SUBJECT: Memorandum of Assignment

1. So much of: Orders 310-007, Headquarters, USAADACENFB, FT BLISS, TX  
79916 dated 6 November 2001.

2. As reads: USAR CONTROL GROUP (REINFORCEMENT), ARPERSCOM, 1 Reserve  
Way, St. Louis, MO 63132.

3. How changed: 73 MD HSP FIELD HOLD, (WSBAA0), 4815 N HUBERT AVE, TAMPA,  
FL 33614.

4. You are required to report to your unit of assignment within thirty  
(30) days of release from active duty. AUTHORITY: AR 600-8-100

FOR THE COMMANDER:

(b) (6)

RC CAREER COUNSELOR

DISTRIBUTION:  
As on original order

DEPARTMENT OF THE ARMY  
Headquarters, U.S. Army Air Defense Artillery Center and Fort Bliss  
Fort Bliss, Texas 79916-6812

ORDERS 310-0007

06 November 2001

BREWER, DAVID W. (b) (6) SSG B CO WBAMC (W0Q305) EL PASO, TX 79920

You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are released from active duty not by reason of physical disability and assigned as indicated on the date immediately following release from active duty. Any temporary appointments held are terminated on your effective date of release from active duty. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of release from active duty.

Assigned to for transition processing: US ARMY TRANSITION BRANCH (W0VH1G) FORT BLISS TX 79916-6812

Reporting date to transition point: 5 FEB 02

Date of release from active duty unless changed/rescinded: 5 FEB 02

Attached to: Not applicable

Assigned to: USAR CON GP (REINF) AR-PERSCOM, 9700 PAGE BLVD, ST LOUIS, MO  
63132 PMOS: 91B30

Terminal date of Reserve obligation: 6 SEP 02

Additional instructions: a. You are authorized movement of household goods at Government expense. Dependents: (b) (6) You have up to 180 days to complete this action. b. Your final outprocessing appointment with the AG Transition Branch is at 0930 on 6 December 2001. c. You will remain assigned to your present unit until separation date. d. Official travel arrangements purchased through a commercial travel office (travel agency) not under contract to the Government is not reimbursable. e. You are not required to report physically to your assigned control group; however, you must keep them informed by mail of your current address.

FOR ARMY USE

Auth: AR 635-200

HOR: (b) (6) FL

Place EAD or OAD: MIAMI, FL

Comp: RA

ETS: 5 FEB 02

MDC: 7BE2

PEBD: Not applicable

Format: 526

FOR THE COMMANDER:

\*\*\*\*\*  
\* HQ, USAADACEN & FT. BLISS \*  
\* OFFICIAL \*  
\* FORT BLISS, TX \*  
\*\*\*\*\*

(b) (6)  
ADJUTANT GENERAL

DISTRIBUTION:

020 plus

mz

I HAVE READ AND UNDERSTAND the Instructions on the front and back of this form. I ALSO UNDERSTAND that:

- \* This form cancels any prior benefit or payment instructions.
- \* The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above.
- \* If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- \* I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000.

(b) (6)

SIGN HERE IN INK:

\_\_\_\_\_  
Your signature. Do not print.

Date: 11 Aug 89

Do not write in space below -- For Official Use Only

ADDRESS AND RECEIVED BY	RANK, TITLE, OR GRADE	ORGANIZATION	DATE RECEIVED (MM/DD/YY)
(b) (6)	PO2	C Det 546th	
REG - 808-8, APRIL 1986	Supersedes SGLI 8126, March 1984	MEMBER OFFICIAL PERSONNEL FILE	

ARTICLE 15, USC

This insurance is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereunder.

This form must be correctly completed, signed and recalled by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services should witness your signature.

PERIODS OF COVERAGE. This insurance is in effect throughout the period of full-time active duty or active duty for training (30 days or more) in effect in a full-time basis for reservists who are assigned to a unit or position in which they are required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of active duty (training) that is creditable for retirement purposes under Chapter 37 of Title 38. 30 days continues for 100 days following separation or release.

INSTRUCTIONS ON COMPLETING THIS FORM

1. This is a print in ink on all items except where otherwise noted.

2. NAME OF BENEFICIARIES

- A new SGLI-8126 must be completed to change your beneficiary. You may name anyone as a beneficiary without his/her knowing or consenting to it.
- If the beneficiary is a married woman, use her own first and middle names. For example, use Mary Lisa Smith instead of Mrs. John Smith.
- Married beneficiaries will NOT be changed automatically by any event occurring after you complete this form (e.g., marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
- If you want to name more than two principal beneficiaries, list them all on a separate sheet and write "See attached list" under the Principal block. The separate sheet must contain your signature, social security number, and the date and MUST be attached to this form.
- If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
- You can establish a trust for the benefit of one child and name the trust as the beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does NOT create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

3. SOCIAL SECURITY NUMBER -- Do not delay completing this form if you do not have a beneficiary's social security number. The social security number helps us to locate the beneficiary, but is not necessary.

4. SHARES TO EACH BENEFICIARY -- If you name more than one beneficiary, the sum of the shares must equal 100% of the full dollar amount of your insurance.

Example:	mother	\$100,000	50%	1/2
	father	\$100,000	or 50%	or 1/2
		-----	---	---
	Total:	\$200,000	100%	1

5. PAYMENT OPTION -- You may choose for the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump" or leave the block blank.



SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)					SECTION III - SERVICE, TRAINING AND OTHER DATES					
13 PILOT RATINGS					18 APPOINTMENTS AND REDUCTIONS					
ORIGINAL	DATE	CURRENT	DATE		GRADE	COMP	EFFECTIVE DATE	DATE OF ELIG/RANK	19 SPECIALIZED TRAINING	CONT
14 FLYING STATUS					PV1			941201	SUBJECT	DATE
					PV2			950501	ATP 21-114 (BCT)	930216
					PFC			951201	Geneva-Hague Conventions	941215
					SPC			970201	Military Justice	10/1/02
INSTRUMENT CERTIFICATION					SGT			980205	Benefits of Honorable Discharge	
15 INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS					SSC			000301	STD OF CDT	
HOSPITAL	TYPE OR SERVICE		MONTHS	YEAR						
					20 BASIC ENLISTED SERVICE					
					DATE (BESD) 1/1/00					
16 HOSPITAL/TEACHING APPOINTMENTS AND PRIVATE PRACTICE					21 TIME LOST Sec 972, Title 10 USC					
FROM	THRU	INSTITUTION/LOCATION	TYPE	DURAT	FROM	THRU	DAYS	REASON		
17. CIVILIAN EDUCATION AND MILITARY SCHOOLS					SECTION IV - PERSONAL AND FAMILY DATA					
SCHOOL	MAJOR/COURSE/MOSC	DURAT	COMP	YEAR	22 PHYSICAL STATUS		23 PLACE OF BIRTH AND CITIZENSHIP			
EVERGLADES HS	GENERAL	4YRS	YES	92	HEIGHT	WEIGHT	GLASSES	SELF (b) (6)		
AHS FSHTX	MED SPEC (91B)	10WK	YES	95	(b) (6)		(b) YES (b) NO	SPOUSE		
AHS FT SAM HOUSTON TX	PRAC NURSE (91C)	EXT	YES	96	DATE OF EXAM		CITIZENSHIP OF SPOUSE			
WAMC FT BRAGG NC	GASTROENTEROLOGY	13 wks	YES	96	24 NUMBER OF DEPENDENTS		25 HOME OF RECORD/ADDRESS			
FT BRAGG NC	EKG TECHNICIAN	6WK	YES	96	ADULT	CHILDREN				
FT SAM HOUSTON TX	VET FOOD INSP	EXT	YES	97	26 CIVILIAN OCCUPATION					
FT EUSTIS VA	INF WEAP TRNG	EXT	YES	97	JOB TITLE:	CRITICAL OCCUPATION		NO MONTHS EMPLOYED		MOSC
AHS FSH TX	CARDCAT(91BY6)	21WKS	YES	98	DOT CODE:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
AHS FHSTX	CARDCATSPC Y6	36WKS	YES	99	DUTIES PERFORMED					
NCOA FT BRAGG	PLDC	04WKS	YES	98						
	BNECC				EMPLOYER					
Liberty College		103911	no	99						

SECTION V - MISCELLANEOUS

27. REMARKS: | | | | | | | | | |

28.

ITEM CONTINUATION

ITEM NO.

DATA

SECTION IX - RESERVE COMPONENT DATA

32a. READY RESERVE OBLIGATION EXPIRATION DATE.

b. DA FORM 3726 OR 3726-1 AGREEMENT EXPIRATION DATE.

c. SERVICE OBLIGATION EXPIRATION DATE.

d. MANDATORY REMOVAL FROM ACTIVE STATUS.

e. RETIREMENT YEAR ENDING DATE.

(29) DATE DA FORM 20B PREPARED:

(30) DATE DUPLICATE DA FORM 2-1 SUBMITTED:

31 REPORT OF CHANGES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92

33 PREPARED

DATE

REVIEWED

34 SIGNATURE

9/4/2005 9710405

(b) (6)

