

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

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

<b>1. NAME (Last, First, Middle)</b> ROUTH Eddie Ray		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> USMC-11		<b>3. SOCIAL SECURITY NUMBER</b> (b)(6)	
<b>4a. GRADE, RATE OR RANK</b> Cpl	<b>b. PAY GRADE</b> E-4	<b>5. DATE OF BIRTH (YYYYMMDD)</b> (b)(6)	<b>6. RESERVE OBLIGATION TERMINATION DATE</b> (YYYYMMDD) 20130628		
<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> MEPS Dallas TX 75202		<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> (b)(6)			
<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> 2d MaintBn CLR 25 2d MLG CamLej NC 28542			<b>b. STATION WHERE SEPARATED</b> IPAC MCB CamLej NC 28542 (RUC 45020)		
<b>9. COMMAND TO WHICH TRANSFERRED</b> Commanding General, MOBCOM 15303 Andrews Rd Kansas City MO 64147-1207 (RUC 36005)				<b>10. SGLI COVERAGE (b)(6) NONE</b> AMOUNT: (b)(6)	
<b>11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)</b> 2111 Small Arms Repairer/Technician 3 years 4 months		<b>12. RECORD OF SERVICE</b>			
		<b>a. DATE ENTERED AD THIS PERIOD</b>	2006	06	19
		<b>b. SEPARATION DATE THIS PERIOD</b>	2010	06	18
		<b>c. NET ACTIVE SERVICE THIS PERIOD</b>	04	00	00
		<b>d. TOTAL PRIOR ACTIVE SERVICE</b>	00	00	00
		<b>e. TOTAL PRIOR INACTIVE SERVICE</b>	00	00	00
		<b>f. FOREIGN SERVICE</b>	00	06	11
		<b>g. SEA SERVICE</b>	00	08	29
		<b>h. INITIAL ENTRY TRAINING</b>	0	04	13
		<b>i. EFFECTIVE DATE OF PAY GRADE</b>	2010	01	01
<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> Marine Corps Good Conduct Medal, Joint Service Commendation Medal, Humanitarian Service Medal, Sea Service Deployment Ribbon (3d Awd), Global War on Terrorism Expeditionary Medal (Kuwait), Iraq Campaign Medal (w/1 Bronze Service Star), Global War on Terrorism Service Medal, National Defense Service Medal, Meritorious Mast, Rifle Qualification Badge (b)(6)		<b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b> Small Arms Repair crs (21M) 2007, Marine Combat Training (M92) 2006, (b)(6) Belt crs (MMC) 2009, (b)(6) Belt crs (MMB) 2006.			
<b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b>		(b)(6)		YES	NO
<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</b>				YES	NO
<b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: (b)(6))</b>				YES	NO
<b>16. DAYS ACCRUED I HAVE PAID (b)(6)</b>	<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>			YES	NO
<b>18. REMARKS</b> SER: (b)(6) Good Conduct Medal period commences (b)(6) Item 13 CONT Pistol Qualification Badge (b)(6) SNM (b)(6) Delayed Entry Program (20050629-20060618). Subject to active duty recall and or annual screening. While a member of the Marine Corps Reserve, you will keep the Commanding General, MOBCOM (Toll free 1-800-255-5082) informed of any change of address, marital status, number of dependents, civilian employment, or physical standards.  The information contained here in is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
<b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b> (b)(6)			<b>b. NEAREST RELATIVE (Name and address - include Zip Code)</b> (b)(6)		
<b>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)</b> (b)(6)		OFFICE OF VETERANS AFFAIRS		(b)(6)	YES (b)(6) NO
<b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</b>				YES	NO
<b>21a. MEMBER SIGNATURE</b> (b)(6)	<b>b. DATE (YYYYMMDD)</b> 2006 28	<b>22a. OFFICIAL AUTHORIZED TO SIGN (Typed name and title - include signature)</b> PERSON. USMC		<b>b. DATE (YYYYMMDD)</b> 20100520	

<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>			
<b>23. TYPE OF SEPARATION</b> (b)(6)		<b>24. CHARACTER OF SERVICE (Include ungrades)</b> (b)(6)	
<b>25. SEPARATION AUTHORITY</b> (b)(6)		<b>26. SEPARATION CODE</b> (b)(6)	<b>27. REENTRY CODE</b> (b)(6)
<b>28. NARRATIVE REASON FOR SEPARATION</b> (b)(6)			
<b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b> (b)(6)			<b>30. MEMBER REQUESTS COPY 4 (Initials (b)(6))</b>

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

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1. NAME (Last, First, Middle) ROUTH Eddie Ray		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER (b)(6)	
4a. GRADE, RATE OR RANK Cpl	b. PAY GRADE E-4	5. DATE OF BIRTH (YYYYMMDD) (b)(6)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20130628		
7a. PLACE OF ENTRY INTO ACTIVE DUTY MEPS Dallas TX 75202		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 2d MaintBn CLR 25 2d MLG CamLej NC 28542			b. STATION WHERE SEPARATED IPAC MCB CamLej NC 28542 (RUC 45020)		
9. COMMAND TO WHICH TRANSFERRED Commanding General, MOBCOM 15303 Andrews Rd Kansas City MO 64147-1207 (RUC 36005)				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.) 2111 Small Arms Repairer/Technician 3 years 4 months		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2006	06	19
		b. SEPARATION DATE THIS PERIOD	2010	06	18
		c. NET ACTIVE SERVICE THIS PERIOD	04	00	00
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
		f. FOREIGN SERVICE	00	06	11
		g. SEA SERVICE	00	08	29
		h. INITIAL ENTRY TRAINING	0	04	13
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Marine Corps Good Conduct Medal, Joint Service Commendation Medal, Humanitarian Service Medal, Sea Service Deployment Ribbon (3d Awd), Global War on Terrorism Expeditionary Medal (Kuwait), Iraq Campaign Medal (w/1 Bronze Service Star), Global War on Terrorism Service Medal, National Defense Service Medal, Meritorious Mast, Rifle Qualification Badge (b)(6)		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Small Arms Repair crs (21M) 2007, Marine Combat Training (M92) 2006, (b)(6) Belt crs (MMC) 2009, (b)(6) Belt crs (MMB) 2006.			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		(b)(6)		YES	(b)(6) NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: (b)(6) )				YES	NO
16. DAYS ACCRUED LEAVE PAID (b)(6)	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO (b)(6)
18. REMARKS SER: (b)(6) Good Conduct Medal period commences 20090619. Item 13 CONT Pistol Qualification Badge (b)(6) SNM (b)(6) Delayed Entry Program (20050629-20060618). Subject to active duty recall and or annual screening. While a member of the Marine Corps Reserve, you will keep the Commanding General, MOBCOM (Toll free 1-800-255-5082) informed of any change of address, marital status, number of dependents, civilian employment, or physical standards.  The information contained here in is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) (b)(6)			b. NEAREST RELATIVE (Name and address - include Zip Code) (b)(6)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) (b)(6)		OFFICE OF VETERANS AFFAIRS		(b)(6) YES	(b)(6) NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				YES	NO
21a. MEMBER SIGNATURE (b)(6)	b. DATE (YYYYMMDD) 20100528	22a. OFFICIAL AUTHORIZED TO SIGN (b)(6)	e)		b. DATE (YYYYMMDD) 20100520

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION (b)(6)		24. CHARACTER OF SERVICE (Include upgrades) (b)(6)	
25. SEPARATION AUTHORITY (b)(6)		26. SEPARATION CODE (b)(6)	27. REENTRY CODE (b)(6)
28. NARRATIVE REASON FOR SEPARATION (b)(6)			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) (b)(6)			30. MEMBER REQUESTS COPY 4 (Initial) (b)(6)

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<b>1. NAME (Last, First, Middle)</b> ROUTH Eddie Ray	<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> USMC-11	<b>3. SOCIAL SECURITY NUMBER (b)(6)</b>
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<b>4a. GRADE, RATE OR RANK</b> Cpl	<b>b. PAY GRADE</b> E-4	<b>5. DATE OF BIRTH (YYYYMMDD) (b)(6)</b>	<b>6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)</b> 20130628
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<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> MEPS Dallas TX 75202	<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6)</b>
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<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> 2d MaintBn CLR 25 2d MLG CamLej NC 28542	<b>b. STATION WHERE SEPARATED</b> IPAC MCB CamLej NC 28542 (RUC 45020)
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<b>9. COMMAND TO WHICH TRANSFERRED</b> Commanding General, MOBCOM 15303 Andrews Rd Kansas City MO 64147-1207 (RUC 36005)	<b>10. SGLI COVERAGE (b)(6) NONE AMOUNT: (b)(6)</b>
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<b>11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)</b> 2111 Small Arms Repairer/Technician 3 years 4 months	<b>12. RECORD OF SERVICE</b>			
	<b>a. DATE ENTERED AD THIS PERIOD</b>	2006	06	19
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	<b>g. SEA SERVICE</b>	00	08	29
	<b>h. INITIAL ENTRY TRAINING</b>	0	04	13
<b>i. EFFECTIVE DATE OF PAY GRADE</b>		2010	01	01

<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> Marine Corps Good Conduct Medal, Joint Service Commendation Medal, Humanitarian Service Medal, Sea Service Deployment Ribbon (3d Awd), Global War on Terrorism Expeditionary Medal (Kuwait), Iraq Campaign Medal (w/1 Bronze Service Star), Global War on Terrorism Service Medal, National Defense Service Medal, Meritorious Mast, Rifle Qualification Badge (Sharpshooter),	<b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b> Small Arms Repair crs (21M) 2007, Marine Combat Training (M92) 2006, Gray Belt crs (MMC) 2009, Tan Belt crs (MMB) 2006.
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<b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b>	(b)(6)	YES	(b)(6)	NO
<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</b>		YES		NO
<b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: (b)(6))</b>		YES		NO

<b>16. DAYS ACCRUED LEAVE PAID (b)(6)</b>	<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>	YES	NO
		(b)(6)	(b)(6)

**18. REMARKS**  
SER: 45020-2010-3279. Good Conduct Medal period commences 20090619. Item 13 CONT Pistol Qualification Badge (Sharpshooter). SNM (b)(6) Delayed Entry Program (20050629-20060618). Subject to active duty recall and or annual screening. While a member of the Marine Corps Reserve, you will keep the Commanding General, MOBCOM (Toll free 1-800-255-5082) informed of any change of address, marital status, number of dependents, civilian employment, or physical standards.

The information contained here in is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

<b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b> (b)(6)	<b>b. NEAREST RELATIVE (Name and address - include Zip Code)</b> (b)(6)
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<b>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)</b> (b)(6)	<b>OFFICE OF VETERANS AFFAIRS</b>	(b)(6)	YES	(b)(6)	NO
<b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</b>			YES		NO

<b>21a. MEMBER SIGNATURE</b> (b)(6)	<b>b. DATE (YYYYMMDD)</b> 20100528	<b>22a. OFFICIAL AUTHORIZED TO SIGN (Name and address - include Zip Code)</b> PERSO, USM (b)(6)	<b>b. DATE (YYYYMMDD)</b> 20100520
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<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>			
<b>23. TYPE OF SEPARATION</b> (b)(6)	<b>24. CHARACTER OF SERVICE (Include upgrades)</b> (b)(6)		
<b>25. SEPARATION AUTHORITY</b> (b)(6)	<b>26. SEPARATION CODE</b> (b)(6)	<b>27. REENTRY CODE</b> (b)(6)	
<b>28. NARRATIVE REASON FOR SEPARATION</b> (b)(6)			
<b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b> (b)(6)			<b>30. MEMBER REQUESTS COPY 4</b> (b)(6)

G

(1070)

CHRONOLOGICAL RECORD

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
3rd RTBN, RTR  MCRD San Diego  RUC 34022, MCC 017	Recruit  (9900) (03)	20060619 JD for RCT TRNG  20060915 TR to CG MCB CAMPEN for DU MCC J9Y
SCOLOFIN MCB, CAMPEN RUC 33353 MCC J9Y	STUD MCTBN (0300) (ϕ1)	061011 JD FOR TEMINS  061031 TR TO ABERDEEN, MD MCC J97 FOR TEMINS
MARINE CORPS DETACHMENT USAOC&S APG MD RUC 54062 MCC J97	(STUD) SMALL ARMS REP (2111) (4)	061102 JD FOR TEMINS CL# 05-07 070206 TR TO 2ND MLG MCC 151 FOR DU
2DMAINTBN 2D MLG FMF CAMPEN RUC 27121 MCC 151	Small Arms Repair Tech (2111) ( )	070207 JD FOR DU

ROUTH, EDDIE R. NAME (last, first, middle)	(b)(6) SSN	
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Pages 5 through 7 redacted for the following reasons:

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(b)(6)

**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 PURPOSE(S):** 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 USE(S):** 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**

1. NAME (Last, First, Middle) <b>ROUTH EDDIE RAY</b>		2. SOCIAL SECURITY NUMBER (b)(6)		
3. HOME OF RECORD (Street City State ZIP Code) (b)(6)		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State) DALLAS MEPS DALLAS, TX 75202-4709		
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD)  20050629	6. DATE OF BIRTH (YYYYMMDD)  (b)(6)	7. PREV MIL SVC UPON ENL/REENLIST	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) MARINE CORPS RESERVE  
this date for 8 years and 00 weeks beginning in pay grade E-1.  
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 (YYYYMMDD)) 0500 20060619 for enlistment in the Regular component of the United States (list branch of service) MARINE CORPS for not less than 4 years and 00 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.) **NONE**

**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.**

(b)(6)

(Initials of Enlistee/Reenlistee) \_\_\_\_\_

(Continued on reverse side)  
(b)(6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) ROUTH EDDIE RAY	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE (b)(6)
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### 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) (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE/REENLISTEE X (b)(6)	c. DATE SIGNED (YYYYMMDD) 20050629
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### 14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) MARINE CORPS, 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) (b)(6)	c. PAY GRADE E-5	d. UNIT/COMMAND NAME USMC RECRUITING STATION DALLAS
e. (b)(6)	f. DATE SIGNED (YYYYMMDD) 20050629	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202

### E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

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

I, EDDIE RAY ROUTH, 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 \_\_\_\_\_, \_\_\_\_\_ 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)(6)	b. DATE SIGNED (YYYYMMDD) 20050629
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### 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) (b)(6)	c. PAY GRADE O-2	d. UNIT/COMMAND NAME DALLAS MEPS
e. (b)(6)	f. DATE SIGNED (YYYYMMDD) 20050629	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202-4709 (b)(6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) ROUTH EDDIE RAY	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) MARINE CORPS for a period of 4 years and 00 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) NA which replace(s) Annex(es) NA.

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE (b)(6)	c. DATE SIGNED (YYYYMMDD) 20060619
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### G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

#### 21. SERVICE REPRESENTATIVE CERTIFICATION

a. 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) MARINE CORPS in pay grade E-1.

b. NAME (Last, First, Middle) (b)(6)	c. PAY GRADE E-7	d. UNIT/COMMAND NAME USMC RECRUITING STATION DALLAS
(b)(6)	f. DATE SIGNED (YYYYMMDD) 20060619	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202

### H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

#### 22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, EDDIE RAY ROUTH, 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 (YYYYMMDD) 20060619
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#### 23. ENLISTMENT OFFICER CERTIFICATION

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

b. NAME (Last, First, Middle) (b)(6)	c. PAY GRADE O-2	d. UNIT/COMMAND NAME DALLAS MEPS
(b)(6)	f. DATE SIGNED (YYYYMMDD) 20060619	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202-4709



# RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

Form Approved  
OMB No. 0704-0173  
Expires Oct 31, 2008

(Read Privacy Act Statement and Instructions on back before completing this form)

The 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 the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0173), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

<b>A. SERVICE PROCESSING FOR</b> USMC   D   M   R	<b>B. PRIOR SERVICE:</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>C. SELECTIVE SERVICE CLASSIFICATION</b>	<b>D. SELECTIVE SERVICE REGISTRATION NO.</b>
NUMBER OF DAYS:			

## SECTION I - PERSONAL DATA

<b>1. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc)</b> ROUTH EDDIE RAY
<b>3. CURRENT ADDRESS</b> (b)(6) (Street, City, County, State, Cr (b)(6)	<b>4. HOME OF RECORD ADDRESS</b> (Street, City, County, State, Country, ZIP Code) SAME AS ITEM 3
<b>5. CITIZENSHIP (X one)</b> (b)(6) U.S. AT BIRTH (If this box is marked, also X (1) or (2)) (b)(6) (1) NATIVE BORN (b)(6) BORN ABROAD OF U.S. b. U.S. NATURALIZED ALIEN RE PARENT(S) c. U.S. NON-CITIZEN NATIONAL (IF ISSUE) (b)(6) d. IMMIGRANT ALIEN (Specify) (b)(6) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)	<b>6. SEX (X one)</b> X a. MALE (b)(6) b. FEMALE <b>7.a. RACIAL CATEGORY</b> (b)(6) (1) AMERICAN INDIAN / ALASKA NATIVE (2) ASIAN (3) BLACK OR AFRICAN AMERICAN (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5) WHITE 6) DECLAIN TO RESPOND <b>8. MARITAL STATUS (Specify)</b> (b)(6) 9. NUMBER OF DEP (b)(6)
<b>10. DATE OF BIRTH</b> (YYYYMMDD) (b)(6) <b>11. RELIGIOUS PREFERENCE (OPTIONAL)</b> (b)(6)	<b>7.b. ETHNIC CATEGORY</b> (b)(6) (1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO (3) DECLAIN TO RESPOND <b>12. EDUCATION</b> (Yrs/Highest Ed Gr Completed) (b)(6) <b>13. PROFICIENT IN FOREIGN LANGUAGE</b> (If Yes, specify. If No, enter NONE.) (b)(6)
<b>14. VALID DRIVER'S LICENSE (X One)</b> (b)(6) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If Yes, list State, number and expiration date) (b)(6)	<b>15. PLACE OF BIRTH (City, State, Country)</b> (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 20.)

<b>16. APTITUDE TEST RESULTS</b>														
a. TEST ID	b. TEST SCORES	AFQT PERCENTILE	IGS	IAR	IWK	IPC	IMK	IFI	IAS	IMC	IAO	IVF		
01E		(b)(6)												

<b>17. DEP ENLISTMENT DATA</b>					
a. DATE OF ENLISTMENT (YYYYMMDD)	b. PROJ ACTIVE DUTY DATE (YYYYMMDD)	c. ES	d. RECRUITER IDENTIFICATION	e. PROGRAM ENLISTED FOR	
20060619	20060619	3	(b)(6)	CF	
f. T-E MOS/AFS (b)(6)	(3)	(4)	(5)	(6)	h. PAY GRADE
9971	444				E-01

<b>18. ACCESSION DATA</b>									
a. ENLISTMENT DATE (YYYYMMDD)	b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)	c. PAY ENTRY DATE (YYYYMMDD)	d. TOE						
20060619	20060619	20060619	4						
e. WAIVER (2) (3) (4) (5) (6)	f. PAY GRADE	g. DATE OF GRADE (YYYYMMDD)	h. ES	i. YRS/HIGHEST ED GR COMPL (b)(6)					
(b)(6)	E 01	20060619	1	(b)(6)					
j. RECRUITER IDENTIFICATION (b)(6)	k. PROGRAM ENLISTED FOR	l. T-E MOS/AFS	m. PMOS/AFS	n. YOUTH	o. OA	p. TRANSFER TO (UIC)			
(b)(6)	CF	9971		444	Y Y M C C	01171			

<b>19. SERVICE REQUIRED CODES</b>		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			
		K	5	9	4	2							A	A	A	A	(b)(6)						M	3	1		1		
		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			
		04			1	07				090				121															
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
				T	O	E	=	4																					
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

20. NAME (Last, First, Middle Initial) <b>ROUTH EDDIE RAY</b>	21. SOCIAL SECURITY NUMBER (b)(6)
--	--------------------------------------

**SECTION III - OTHER PERSONAL DATA**

<b>22. EDUCATION</b>				
a. List all high schools and colleges attended. (List dates in YYYYMM format.)				(5) GRADUATE
(1) FROM (b)(6)	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES NO

SEE  
27

b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?	YES	NO
(b)(6)		

<b>23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA</b> (If "Yes," explain in Section VI, "Remarks")	(b)(6)
--	--------

a. Is anyone dependent upon you for support?	(b)(6)
b. Is there any court order of judgment in effect that directs you to provide alimony or support for children?	
c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?	
d. Are you the only living child in your immediate family?	

<b>24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT</b> (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?	

<b>25. ABILITY TO PERFORM MILITARY DUTIES</b> (If "Yes," explain in Section VI, "Remarks.")	
--	--

a. Are you now or have you ever been 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?)	
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?	
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?	

<b>26. DRUG USE AND ABUSE</b> (If "Yes," explain in Section VI, "Remarks.")	<b>REFER TO DASF</b>
Have you ever tried, used, sold, supplied, 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), or anabolic steroid, except as prescribed by a licensed physician?	

27. NAME (Last, First, Middle Initial) <b>ROUTH EDDIE RAY</b>	28. SOCIAL SECURITY NUMBER (b)(6)
--	--------------------------------------

**SECTION IV - CERTIFICATION**

29. 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) <b>ROUTH EDDIE RAY</b>	c. SIGNATURE (b)(6)	d. DATE SIGNED (YYYYMMDD) <b>20050622</b>
--	---------------------	--

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

a. NAME (X one) (b)(6) (1) BIRTH CERTIFICATE (2) OTHER (Explain) (b)(6)	b. AGE (X one) (b)(6) (1) BIRTH CERTIFICATE (2) OTHER (Explain) (b)(6)	c. CITIZENSHIP (X one) (b)(6) (1) BIRTH CERTIFICATE (2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (SSN) (X one) (b)(6) (1) SSN CARD (2) OTHER (Explain) (b)(6)	e. EDUCATION (X one) (b)(6) (1) DIPLOMA (2) OTHER (Explain) (b)(6)	f. OTHER DOCUMENTS USED (b)(6)

31. 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 <b>E5</b>	d. RECRUITER I.D. (b)(6)	e. SIGNATURE (b)(6)	f. DATE SIGNED (YYYYMMDD) <b>20050622</b>
--	---------------------------	-----------------------------	------------------------	--

32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT GUARANTEES

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.)  
 (Use clear text English)  
*SEE 31*  
**9900 Open Contract**

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 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).  
 c. APPLICANT'S (b)(6)

33. 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)  
**MARINE CORPS** and certify that I have not made any promises or guarantees other than those listed in item 32.a. 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 (Last, First, Middle Initial) (b)(6)	c. PAY GRADE	d. RECRUITER I.D. OR ORGANIZATION	e. SIGNATURE (b)(6)	f. DATE SIGNED (YYYYMMDD) <b>20050629</b>
--	--------------	-----------------------------------	---------------------	--

**SECTION V - RECERTIFICATION**

34. 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 34" and the correct information is provided below.

b. ITEM NUMBER (b)(6)	c. CHANGE REQUIRED
--------------------------	--------------------

d. APPLICANT (1) SIGNATURE (b)(6)	(2) DATE SIGNED (YYYYMMDD) <b>2006 06 14</b>	e. WITNESS (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (b)(6)	(2) RANK/ GRADE <b>E-7</b>	(3) SIGNATURE (b)(6)
---	---	---	-------------------------------	-------------------------

35. NAME (Last, First, Middle Initial)  
ROUTH EDDIE RAY

36. SOCIAL SECURITY NUMBER  
(b)(6)

SECTION VI - REMARKS

(Specify items(s) being continued by item number. Continue on separate pages if necessary.)

BLOCK 26. SEE ANNEX "A" / DASF

SF-86/EPSQ (NAC/CL) HAS BEEN SUBMITTED TO OPM ON 050629

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

OPSP/MEPS LNCO SIGNATURE

HS PHONE#

HS POC

I certify that this applicant has a valid

THIS APPLICANTS CASE HAS BEEN SELECTED FOR VERIFICATION OF EDUCATIONAL LEVEL AND POLICE RECORDS

050706

DATE

(b)(6)

(b)(6)

DD FORM 1966/5  
ATTACHED? (X ONE)

YES  
NO

X

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.

If the preferred enlistment name (name given in item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of \_\_\_\_\_ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE

(2) DATE SIGNED  
(YYYYMMDD)

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) PAY GRADE

(3) SIGNATURE

E5

(b)(6)

38. NAME (Last, First, Middle Initial) Routh EDDIE R 39. SOCIAL SECURITY NUMBER (b)(6)

USE THIS DD FROM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.  
**SECTION VII - PARENTAL/ GUARDIAN CONSENT FOR ENLISTMENT**

40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant) EDDIE R ROUTH  
has no other legal guardian other than me / us and I / we consent to his/her enlistment in the United States  
(Enter Branch of Service)

**MARINE CORPS**

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.

**b. FOR ENLISTMENT IN A RESERVE COMPONENT.**

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.

c. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) <u>RAYMOND RAY ROUTH</u>	(2) SIGNATURE (b)(6)	(3) DATE SIGNED (YYYYMMDD) <u>6-22-05</u>
d. WITNESS (b)(6)		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (b)(6)	(b)(6)	(3) DATE SIGNED (YYYYMMDD) <u>20050622</u>

e. PARENT (b)(6)

(Single Guardian Signature)

Pages 16 through 17 redacted for the following reasons:

-----  
(b)(6), MCTFS Record of Emergency Data

Please read the instructions before completing this form.

# **Servicemembers' Group Life Insurance Election and Certificate**

(b)(6)

## MARINE CORPS SEPARATION AND RETIREMENT MANUAL

show to the board's satisfaction, or it shall otherwise appear, that arbitrary or coercive action was taken against the member at the time, which action was not apparent to the reviewing authority from the face of the record.

The evidence before the board which may be considered in connection with a particular discharge document will normally be restricted to that which is relevant and material to the former member's particular term of Marine Corps service or during that term of Marine Corps service, or at the time of separation.

To warrant a change, correction, or modification of the original document evidencing separation from the Marine Corps, the former member concerned must show to the satisfaction of the board, or it must otherwise satisfactorily appear, that the original document was improperly or inequitably issued under standards of naval law and discipline existing at the time of the former member's original separation, or under such standards differing therefrom in the former member's favor which subsequent to separation, were made expressly retroactive to separations of the type and character had by the former member.

In connection with review of executed discharges by the NDRB, there is no law or regulation which provides that an unfavorable discharge may be changed to a more favorable discharge solely because of the expiration of a period of time after discharge during which the respondent's behavior has been exemplary. To permit relief, an error or injustice must be found to have existed during the period of the enlistment in question and the respondent's good conduct after discharge, in and of itself, is not sufficient to warrant changing an unfavorable discharge.

Applications for review and general information may be obtained by writing to the Naval Discharge Review Board, Washington Navy Yard, 720 Kannon Street, SE, Room 300, Washington, DC 20374-5023.

### 0003. Statement of the Individual

I have been advised of the purpose and procedure for making application to the Board for Correction of Naval Records and the Naval Discharge Review Board.

I have also been advised that a discharge under other than honorable conditions resulting from a period of continuous unauthorized absence of 30 days or more, is a conditional bar to benefits administered by the Veterans Administration notwithstanding any action by the Naval Discharge Review Board.

(b)(6)

(b)(6)



SSN: (b)(6) NAME: ROUTH, EDDIE R  
 RUC: 27121 COMPANY CODE: 2 PRES-GRADE: E4 RECSTAT: 0 COMP CODE: 11  
 PLT CODE: OIWP TRNGRP: R-RECSTAT: RCOMP-CODE:

## \*\*\*\*\*CONTRACT INFORMATION\*\*\*\*\*

EAS: 20100618 COMPONENT CODE: 11 USMC ENLISTED  
 EOS: 20130628 ECC: 20100618 RESERVE COMPONENT CODE:  
 RESERVE ECC: 00000000 DATE ACCEPTED FIRST COMMISSION: 00000000  
 DATE OF ENL/ACCEPT: 20060619 DOD TRNGRP: TRAINING GRP:  
 AFADB: 20060619 PEBD: 20060619 MANDATORY DRILL START: 00000000 END: 00000000  
 DATE OF ORIG ENTRY: 20050629 DATE OF BASIC ELIG: 00000000MDP EXT MO: 00  
 LENGTH CURR ENL: 4 YRS PEF: CF ORDNANCE TECHNICIAN/  
 LENGTH CURR ENL: 00 MOS BONUS PEF:  
 LENGTH CURR EXT: 00 MONTHS COLLEGE FUND PEF:  
 NO EXT CURR ENL: 00 MGIB-SR STATUS:  
 TOTAL MONTHS EXT: 00 MONTHS ACTIVE DUTY MGIB STATUS: (b)(6) OVEBP CODE: 3  
 EFF DTE CURR EXT: 00000000 POST 911 GIBILL BENEFITS TR DT: 00000000  
 MONTHS LAST ENL EXT: 00 POST 911 GIBILL ELIG BEGIN DT: 00000000  
 TIME LOST CURR ENL: 000 DAYS DESIG MIL PILOT: 00000000  
 SOURCE OF INT ENTRY MIL SER: (b)(6) YEAR OBL START: 00000000  
 SOURCE OF ENTRY: (b)(6) OCAN CODE: OCAN EFF DATE: 00000000

## \*\*\*\*\*SERVICE INFORMATION\*\*\*\*\*

PRES GRADE: E4 DOR: 20100101 ACDU RUC: 27121 MCC: (b)(6)  
 SEL GRADE: DTE: 00000000 RESERVE RUC: MOB MCC:  
 PROM RESTR STAT CD: 0 PROM RESTR TERM DTE: 20091231

1TAD RUC: 00000 MCC:  
 2TAD RUC: 00000 MCC:  
 WORK STATION:  
 BILLET DESCRIPTION: SMALL ARMS REP TECH  
 ANNIVERSARY DATE: 00000000  
 PEN: 0206315M RCN: 355300 FAPRUC: 00000 RESERVE MCC:  
 DCTB: 20070207 FORMER RUC: 54062 FUTURE RUC:  
 DATE JOINED PRES UNIT: 20070207 IND LOC CODE: (b)(6)  
 DATE JOINED SMCR: 00000000

GEO LOC CODE: 285 DEPLOY RET DATE: 20110130 DEPLOY STAT: 3  
 GEO LOC DCTB: 200702 ROTATION TOUR DATE: 00000000  
 COMBAT SERV CODE: U OVERSEAS CONTROL DATE: 20100218  
 LAST COMBAT TOUR: 20080311 LAST PHYS EXAM: 00000000  
 OFF REMOVAL DATE: 00000000 PHA DATE: 00000000  
 CO DATE: 00000000 RESERVE UNIT JOIN DATE: 00000000  
 LAST SEP/DISCH DATE: 00000000 REASON:

PMOS: 2111 ADMOS1: ADMOS6: ADMOS11:  
 BMOS: 2111 ADMOS2: ADMOS7: ADMOS12:  
 SMOS: 0000 ADMOS3: ADMOS8:  
 JMOS: ADMOS4: ADMOS9:  
 JMOS ED: 00000000 ADMOS5: ADMOS10:

## \*\*\*\*\*PERSONAL INFORMATION\*\*\*\*\*

DATE OF BIRTH: (b)(6) HOME OF RECORD: (b)(6)  
 CITIZENSHIP: COUNTRY OF ORIGIN:  
 BLOOD TYPE: CIVILIAN ED LEVEL:  
 SEX: M CERT: L HS DIPL  
 RACE AGG CODE (b)(6) RACE CODE: (b)(6)  
 POPULATION GROUP: (b)(6)  
 ETHNIC CODE:  
 RELIGION:  
 DNA DATE:

GOOD CONDUCT MEDAL DATE: 20090619  
ARMED FORCES RESERVE MEDAL DATE: 00000000

R MEDAL DATE: 00000000

DUTY PREF1: Y00 NO PREFERENCE/AS DIRECTED  
DUTY PREF2: Y00 NO PREFERENCE/AS DIRECTED  
DUTY PREF3: Y00 NO PREFERENCE/AS DIRECTED

-----\*\*PERSONAL INFORMATION\*\*-----

HOME TELEPHONE NUMBER: (b)(6)  
CELL PHONE NUMBER:  
SECONDARY PHONE NUMBER:  
WORK TELEPHONE NUMBER: (b)(6)  
WORK DSN PHONE NUMBER PREFIX: (b)(6) (b)(6)  
MAILING ADDRESS: (b)(6)

ADDRESS VALIDATION: J MOL VALIDATION ONLY  
WORK EMAIL (b)(6)

WORK EMAIL DATE: 20090429  
PERSONAL EMAIL:  
PERSONAL EMAIL DATE:  
SECONDARY EMAIL:  
PHYSICAL ADDRESS: (b)(6)

-----\*\*RECORD INFORMATION\*\*-----

RECORD STATUS: 0 ACTIVE STATUS RESERVE RECORD STATUS:  
DISPUTED DATE: 00000000 DISPUTED DATA:  
LAST SCREENING: 20091221 2010 CASI<sup>8</sup> REASON: 2 ANNUAL SCREEN QUEST  
SCREENING RESULT: Z ANNUAL SCREENING COMPL FOR ACDU ONLY

-----\*\*DEPENDENTS INFORMATION\*\*-----

MARITAL STATUS: (b)(6) TOTAL NUMBER DEPENDENTS: (b)(6)  
DEPN CERT CODE:  
DEPN GEO LOC CODE: DATE DEPN LOC BEGAN:  
SERVICE SPOUSE SSN: CUSTODY STATUS CODE:  
SERVICE SPOUSE CODE: SPL POWER OF ATTORNEY:  
SERVICE SPOUSE DATE:

\*\*\* THERE ARE NO REMARKS FOR INPUT SSN \*\*\*

-----\*\*BILLET IDENTIFICATION\*\*-----

PRESENT BILLET IDENT CODE:  
RESERVE BILLET IDENT CODE:  
FAP BILLET IDENT CODE:  
FORMER BILLET IDENT CODE:

-----\*\*DUTY STATUS INFORMATION\*\*-----

DUTY STATUS: 1/DU  
DUTY LIMIT: 0/NONE  
DUTY LIMIT ED: 20060619  
STR CAT: 0/ON DUTY W/BILLET THAT SERVES COMMAND MEN  
STR CAT ED: 20100420  
COMBAT CAS:  
COMBAT CAS ED: 00000000

I CERTIFY THAT MY ELIGIBILITY FOR ENTITLEMENT TO BASIC ALLOWANCE FOR HOUSING HAS/HAVE NOT CHANGED SINCE MY LAST CERTIFICATION/DATE.

SIGNATURE:

(b)(6)

DATE:

2010 05 19

DEPN ZIP  
IF APPLICABLE

RESERVE ONLY:

I CERTIFY THAT I HAVE BEEN INFORMED ABOUT THE MOBILIZATION DELAYS/EXEMPTION PROGRAM AND ASSOCIATED POLICIES. I FURTHER CERTIFY THAT MY RETIREMENT OR ~~DISABILITY PENSION STATUS HAS NOT CHANGED.~~ IF MY STATUS HAS CHANGED, I HAVE COMPLETED THE NECESSARY FORMS. INITIAL: \_\_\_\_\_

BIR CERTIFICATION SIGNATURE REQUIRED FOR BOTH ACTIVE DUTY AND RESERVE MARINES:

(b)(6)

MARINE: \_\_\_\_\_

FE 2010 DS 19 AUDITOR: \_\_\_\_\_ UD NUM: \_\_\_\_\_

OMPFF COPY

Pages 23 through 24 redacted for the following reasons:

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(b)(6)

**STATEMENT OF UNDERSTANDING  
MARINE CORPS POLICY CONCERNING ILLEGAL USE OF DRUGS**

1. **PURPOSE.** The purpose of this document is to make sure that you completely understand the Marine Corps policy on the illegal use of drugs.
2. **POLICY.** The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.
3. **CERTIFICATION.** I certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand I will be screened for alcohol and drugs during my initial MEPS physical, and given a urinalysis test for drugs within 24 hours of my arrival at recruit training. I understand that if I test positive for drugs and alcohol at the MEPS I will be disqualified for enlistment. I understand that if I test positive on the urinalysis at MCRD, that I will be subject to an administrative discharge from the Marine Corps or even to courts-martial. I also understand that once I enlist into the Delayed Entry Program (or SMCR awaiting IADT) any illegal use of drugs may adversely affect my ability to commence active duty for training or obtain an enlistment program or bonus.

(b)(6)

(APPLICANTS SIGNATURE) \_\_\_\_\_

ROUTH EDDIE RAY

(APPLICANTS PRINTED NAME)

20050622

(Date)

(b)(6)

(SOCIAL SECURITY NUMBER)

4. **RECRUITER VERIFICATION.** I certify that I have completely explained the Marine Corps Policy on the illegal use of drugs to the above named applicant and advised ROUTH EDDIE RAY (Applicants Name) to be thoroughly honest in completing the Drug Abuse Screening Form.

(b)(6)

20050622

(Date)

5. **MEPS LIAISON VERIFICATION.** I certify that I have completely explained the Marine Corps Policy on illegal use of drugs to the above named applicant and advised ROUTH EDDIE RAY (Applicant's Name) to be thoroughly honest in completing the Drug Abuse Screening Form.

(b)(6)

\_\_\_\_\_  
(MEPS Liaison's Signature)

050629

(Date)

**ANNEX A TO ENLISTMENT CONTRACT**

# STATEMENT OF UNDERSTANDING

**NO Mistakes are permitted on this document**

<b>APPLICANT</b>	The applicant must fill out this form in their own handwriting, initial each item to indicate understanding, and sign and date the agreement accordingly. Ensure you receive a copy of this document. (Blocks 1 & 4 excluded)		
<b>MEPS LN/ NCOIC</b>	a) Certify the proper explanation of the agreement to the applicant, b) Certify applicant qualification, c) Certify that OPS MCRISS personnel have assigned a program in MCRISS, d) Ensure the applicant is given a copy of this agreement at the time of completion.		
<b>NAME</b>	<b>1</b> Last <u>Roth</u>	<b>1a</b> First <u>Eddie</u>	<b>1b</b> MI <u>R</u> <b>1c</b> SSN <u>(b)(6)</u> <b>1d</b> Date <u>2006/06/16</u>

## AGREEMENT

<b>2</b>	I understand that this statement of understanding represents the total agreement, and supercedes any other previous agreements, between myself and the United States Marine Corps concerning enlistment guarantees stated within.	<b>2a</b>	Initials <u>(b)(6)</u>
<b>3</b>	I understand that I am enlisting in the Marine Corps in the below stated enlistment incentive program listed in Para 4, and can be assigned and trained to serve in any MOS under the listed Occupational Field(s) specified in Para 4b. below. I have had the opportunity to review the MOS's listed under this option and acknowledge NO SPECIFIC MOS is guaranteed to me under this enlistment option.	<b>3a</b>	

## PRIMARY INCENTIVE (JOB SKILL)

<b>4</b>	<b>Program Code:</b> <b>CF</b>	<b>4a</b> <b>Program Description</b> <b>ORDNANCE TECHNICIAN / METAL WORKS</b>	<b>4b</b> <b>Military Occupational Field(s) in Option</b> <b>1300 - Engineer, Construction, Equipment</b> <b>2100 - Ordnance</b>
<b>5</b>	I understand I must meet the following criteria, or criteria waiver approved, to qualify for the program listed in Para 4 above.		
<b>a</b>	<b>MM Score of 95 on the ASVAB. (Max 3-point waiver)</b>		<b>5a</b> <u>(b)(6)</u>
<b>b</b>	<b>Pass the Normal Color Perception (NCP) test w/ PIP (12 out of 14 correct) or FALANT. Verify by DD Form 2808. (No waivers)</b>		<b>5b</b>
<b>c</b>	<b>Four (4) Year Term of Enlistment (TOE).</b>		<b>5c</b>
<b>6</b>	I understand that I am still required to serve this period of active duty if I am removed from a job skill guarantee for any of the following reasons. If I:		
<b>a</b>	Use drugs while in the Delayed Entry Program, or		<b>6a</b>
<b>b</b>	Fail a required course of training and fail to obtain the MOS assigned, or		<b>6b</b>
<b>c</b>	Am disciplined at any time due to my behavior, or		<b>6c</b>
<b>d</b>	Cannot acquire the appropriate security clearance, or		<b>6d</b>
<b>e</b>	Have lied about my education or other qualifications for my program or enlistment, or		<b>6e</b>
<b>f</b>	Fail to meet the required mental, physical or moral standards.		<b>6f</b>
<b>7</b>	I understand that if I am removed from the program for any of the above reasons, that the Marine Corps has the option to assign me to another job that may not be related to the program for which I originally agreed.		
<b>8</b>	I understand that under normal circumstances I will serve a majority of my enlistment in my assigned MOS; however, the Marine Corps may assign me to other duties not covered in my original enlistment.		
<b>9</b>	I understand that as a member of the Armed Forces of the United States I may have to serve in combat or in a combat area.		
<b>10</b>	I understand that I will have to perform such jobs as guard, mess, and area police (clean up).		
<b>11</b>	I understand that the Marine Corps may assign me to an overseas billet sometime during my enlistment.		
<b>12</b>	I understand that there are no monetary promises being made to me in this statement of understanding. Any monetary promises will be contained in a separate statement of understanding entitled "ENLISTMENT BONUSES."		

## GEOGRAPHIC PREFERENCE / PROMOTION INCENTIVES

<b>13</b>	<b>GOP:</b> I understand that under the provisions of the GOP program I am eligible for the duty station preference of my choice (East Coast GEC, West Coast GWC or Overseas GOS). I further understand that I will be assigned to this location for a minimum period of one year. <b>Applicants without GOP/CEP mark N/A in blocks 13a &amp; 13b.</b>	<b>13a</b>	Duty Station <u>N/A</u>	<b>13b</b>	Initials <u>N/A</u>
<b>14</b>	<b>CEP ONLY:</b> CEP applicants will be appointed to the grade of Private First Class (PFC/E-2) upon commencement of active duty (chevrons will not be worn during recruit training). CEP applicants will also be eligible for promotion to Lance Corporal (LCpl/E-3) on the first day of the month following six months of active duty, if recommended by their commanding officer. <b>Applicants without CEP mark N/A in Block 14a.</b>	<b>14a</b>			<u>N/A</u>

## APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

I understand that this SOU represents all of the agreements between me and the Marine Corps concerning my Job Skill Guarantee and Term of Enlistment. Finally, I understand that ANY PROMISES made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.

<b>SIGNATURE</b>	(b)(6)	<b>15a</b>	Date <u>2006/06/16</u>
<b>PRINT NAME</b>	Print Name As It Appears in the Signature Block Above		

## MEPS LIAISON CERTIFICATION

I understand that I am responsible for ensuring the applicant fully understands this Enlistment Incentive Option SOU. I further acknowledge that as the MEPS Liaison I have screened this applicant for the program and is fully qualified IAW MCO 1130.53P Encl 6 & Para 5 above, or a MCROC level Enlistment Incentive Option Criteria Waiver has been approved in MCRISS, and a valid MCROC program is in MCRISS. Lastly, I have ensured that no other promises (written or verbal) have been made to this applicant other than that stated here in the SOU.

<b>PRINT NAME</b>	LAST (b)(6)	<b>GySgt</b> <b>17a</b> FIRST	<b>17b</b> MI	<b>17c</b> SSN (b)(6)
<b>SIGNATURE</b>	(b)(6)		<b>18a</b>	Date <u>06 06 16</u>
<b>CONTROL NUMBER ASSIGNED</b>	Control Number Assigned (MCROC)	Name and Billet of person providing MCROC (b)(6)		
	<u>CF800-000-600-00-20050714</u>	<u>OPS CADET</u>		

# DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552A)

The Marine Corps uses a variety of forms in administering matters related to the Individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information the Individual Marine. Information such as home address and telephone number, names and other information on dependants preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked on these forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information on request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in federal programs.

## PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

### 1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

### 2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from you can be obtained by consulting the applicable description for systems such as the following:

<u>SYSTEM DESCRIPTION</u>	<u>SYSTEM NUMBER</u>
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

### 3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; Federal Bureau of Investigation and other Federal, state and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

### 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may at his/her option, elect not to apply for benefits and services to which entitled (Leave, administration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is Mandatory.

## PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

(b)(6)

(b)(6)

20050622

DATE

(b)(6)  
SIGNATURE OF INDIVIDUAL

(b)(6)  
SOCIAL SEC NO.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS

NAVMC 11000 (REV, 5-90) SN: 0000-00-00004542 U/I: PAD (50 SHEETS PER PAD)

(File Original in OQR or SRB; Provide Copy to Individual)

SSN: (b)(6) NAME: ROUTH, EDDIE R.  
PRES-GRADE: E4 DATE: 20130909

PAY ENTRY DATE: 20060619 DATE OF ENL / ACCEPT: 20060619  
ACTIVE DUTY DATE: TOTAL COMM SVC: 000000

ORIG ENTRY DATE: 20050629

DISCHARGE DATE: 20130628 DCTB: 20070207

END OBLIG SVC: 20130628 GEODCTB: 00  
OVERSEAS CONTROL DATE: 20090312

REENLISTMENT ID: (b)(6)  
SEPARATION CODE: RETIREMENT GRADE:  
EFFECTIVE DATE:  
HIGHEST GRADE HELD:

CSB ELECT DATE:  
CSB ELECT CD/DESC:

ACTIVE SVC: 000000 CONSTRUCTIVE SVC: 0  
INACTIVE SVC: 000000 RETIREMENT PAY MULT SVC:  
TOTAL ACT CONSEC SVC: 0 CAREER SVC PAY: 0  
TOTAL CONSEC SVC: 0 INACDU POINTS:  
TOTAL SVC: 0 INACDU POINTS EQ: 000000  
TOTAL QUAL SVC: 4-00-00 PLAN RETIREMENT REQ:

MAND REMOVAL DATE: TOTAL RETIREMENT POINTS: 1521  
ANNIV DATE: 20140629 TOTAL QUAL SERVICE: 4-00-00  
DATE ELIG TO RET: TOTAL SATISFACTORY YEARS: 4  
CRCR CERT DATE: 000000

RCSBP DATE: COMBAT SERVICE CODE: (b)(6)  
RCSBP OPTION (b)(6)  
RCSBP TYPE CVG LAST COMBAT TOUR20080311  
RCSBP LEVEL (b)(6)  
RCSBP AMT CVG: 0



SSN: (b)(6)  
PRES-GRADE: E4

NAME: ROUTH, EDDIE R.  
DATE: 20130909

HOME OF RECORD STATE: (b)(6)  
RELIGION: (b)(6)

COUNTRY OF ORIGIN: (b)(6)

PHONE: (b)(6)  
STREET ADDRESS: (b)(6)  
CITY: (b)(6)

STATE: (b)(6) ZIP CODE: (b)(6)

ACTIVE DUTY MGIB STATUS: (b)(6)

PMOS: 2111  
JMOS:  
JMOS DATE:

ADMOS1:  
ADMOS2:  
ADMOS3:  
ADMOS4:

AVERAGE MARKS IN GRADE:  
AVERAGE MARKS IN SERVICE:  
AVERAGE MARKS IN ENLISTMENT:

PROFICENCY  
(b)(6)

CONDUCT  
(b)(6)

SEQ	EFF DATE	TERM DATE	TIME LOST NR DAYS	REASON	CMP CDE
(b)(6)					

ONMP

SSN: (b)(6)  
PRES-GRADE: E4

NAME: ROUTH, EDDIE R.  
DATE: 20130909

RIFLE QUAL DATE: 20090401  
RIFLE SCORE: (b)(6)  
RIFLE CLASS:  
EXPERT RIFLE QUAL: (b)(6)

PISTOL QUAL DATE: 200805  
PISTOL SCORE: (b)(6)  
PISTOL CLASS:  
EXPERT PISTOL QUAL: (b)(6)

SECURITY ELIGIBILITY: (b)(6)  
CODE:

SECRTY COMP: (b)(6)  
SECRTY ELIG:  
DATE:

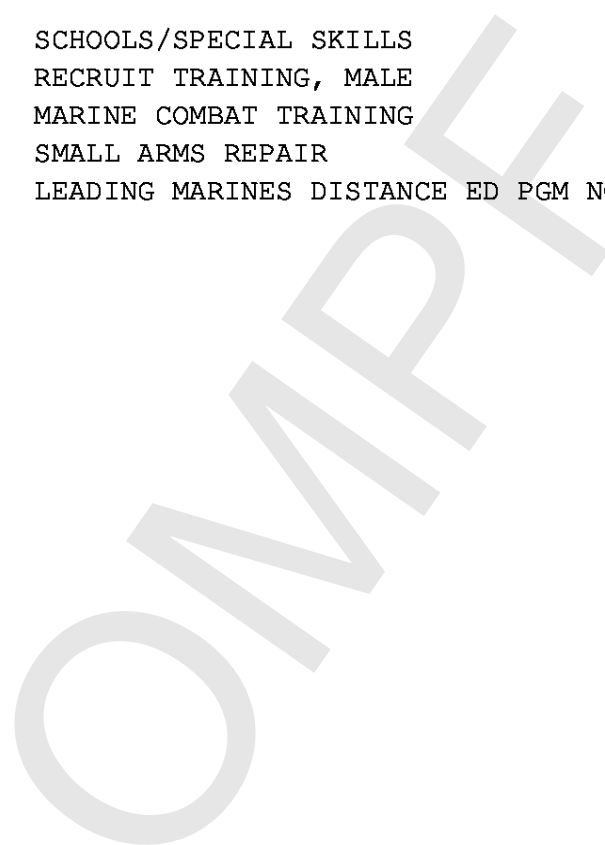
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(b)(6)	20060825		(b)(6)

CLAS/ASGN TEST-TYPE:  
DATE: 20091024    GT/GCT: (b)(6)  
                  RV: (b)(6)  
                  AR:  
                  AC:  
                  PA:

ASVAB TEST  
AFQT: (b)(6)  
GT: (b)(6)  
MM:  
EL:  
CL:

DLAB SCORE: (b)(6)  
DATE:

CODE	SCHOOLS/SPECIAL SKILLS	ST	DATE
808	RECRUIT TRAINING, MALE	(b)(6)	2006
M92	MARINE COMBAT TRAINING		2006
21M	SMALL ARMS REPAIR		2007
T8J	LEADING MARINES DISTANCE ED PGM NON-RESIDENT		2010



SSN: (b)(6)  
PRES-GRADE: E4

NAME: ROUTH, EDDIE R.  
DATE: 20130909

FROM	TO	COMBAT OP LOC	COMBAT OP DESC
20090506	20091204	USS BATAAN	22MEU
20070901	20080311	KUWAIT/IRAQ	PART OP OIF 6-8
20100115	20100401	HAITI	OP UNIFIED RESPONSE

FROM	TO	VESSEL NAME	NET SEA DAYS
20081022	20081121	USSBATAAN	30
20100115	20100401	USSBATAAN	217
20090506	20091204	USSBATAAN	629
20090310	20090322	USSBATAAN	13

SSN: (b)(6)  
PRES-GRADE: E4

NAME: ROUTH, EDDIE R.  
DATE: 20130910

AWARDS

FROM	TO	TYPE	CODE	ENGLISH
20060619	20090618	1	GC	MARINE CORPS GOOD CONDUCT MEDAL
20070920	20080128	1	JC	JOINT SERVICE COMMENDATION MEDAL
20060619	20070205	2	NN	NATIONAL DEFENSE SERVICE MEDAL
20070206	20070308	2	WT	GLOBAL WAR ON TERRORISM SERVICE MEDAL
20070831	20080312	2	SD	SEA SERVICE DEPLOYMENT RIBBON
20070901	20080311	2	CI	IRAQ CAMPAIGN MEDAL
20090506	20091204	2	SD	SEA SERVICE DEPLOYMENT RIBBON
20090515	20091204	2	WE	GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL
20100115	20100204	2	HS	HUMANITARIAN SERVICE MEDAL
20100115	20100401	2	SD	SEA SERVICE DEPLOYMENT RIBBON
20090404	20090404	4	MT	MERITORIOUS MAST

GOOD CONDUCT MEDAL DATE: 2009-06-19

SMCR MEDAL DATE:

ARMED FORCES RESERVE MEDAL DATE:

SSN: (b)(6)

NAME: ROUTH, EDDIE R.

PRES-GRADE: E4

DATE: 20130910

VA CODE EFFECTIVE DATE  
(b)(6)

VA CODE EFFECTIVE DATE

VA CODE EFFECTIVE DATE

OMPFF COP

SSN: (b)(6)  
PRES-GRADE: E4

NAME: ROUTH, EDDIE R.  
DATE: 20130910

RUC: 00000  
COMP CODE:  
R-RECSTAT: 9

COMPANY CODE:  
PLT CODE:  
RCOMP CODE: (b)(6)

RECSTAT: E  
TRNGRP: H

Unit Organization	Primary Duty	Remarks
SCHOOL OF INFANTRY (STUD PERS) CAMP PENDLETON 33353		20060915 TR MCC J9Y DU EDA 20061010 20061011 JOIN RUC 33353 MCC J9Y GND ENTLEVEL STUD M92
MARINE CORPS DETACHMENT ABERDEEN PROVING GRO 54062		20061031 TR MCC J97 DU EDA 20061101 20061102 JOIN RUC 54062 MCC J97 GND ENTLEVEL STUD 21M
SMALL ARMS REPAIRER/TECHNICIAN 2111	SMALL ARMS REPAIRER/TECH	20070206 TR MCC 151 DU EDA 20070206 20070207 JOIN RUC 27121 MCC 151 DU 20070209 CHPRIDU 20070209 CHPRIDU
		20070402 RUC 27121 TO TAD 1330 EXCESS
		20070403 ATT 1330 RUC 27360 MCC 151 TAD EXCESS
		20070914 ATT 0800 RUC 12001 MCC 122 TAD EXCESS
		20080619 ATT TERM 0800 RUC 12001
		20080728 FR TAD 0800 RUC

SSN: (b)(6)  
PRES-GRADE: E4

NAME: ROUTH, EDDIE R.  
DATE: 20130910

Unit Organization	Primary Duty	Remarks
		27121
	SMALL ARMS REP TECH	20080820 CHPRIDU
		20080917 ATT 0800 RUC 20179 MCC 1FT TAD EXCESS
	SMALL ARMS REPAIRMAN	20080917 CHPRIDU
2D MAINT BN CBTLOGREGT 25 2D MLG CAMP LEJEUNE 27121		20080919 REDESIG TO RU 27121 MCC 15H
	SMALL ARMS REP TECH	20090306 CHPRIDU
	SMALL ARMS REPAIRER/TECHNICIAN 2111	20100420 FR TAD 0745 RUC 27121
		20100618 (b)(6) (b)(6) 20100618
INDIVIDUAL READY RESERVE (SSN 00-99) KANSAS CITY 88801	INACTIVE	20100619 JOIN RUC 88801 MCC IRR FR RELACDU ADT REQ 00
		20130628 (b)(6) (b)(6) 20130628

Pages 36 through 40 redacted for the following reasons:

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



DATE PRODUCED: 20100731 ANNIVERSARY: 20110629 CRUC: 88801 RECORD STATUS: 0  
SSN: (b)(6) NAME: ROUTH EDDIE R TRAINING GROUP: H  
PEBD: 20060619 PRESGRD: E4 DEAF: 20050629 TSATYR: 04 TQUALSERV: 04-00-00

INACTIVE DUTY..... ACTIVE DUTY.....  
TYPE DATE POINTS TYPE DATE POINTS TYPE INCLUSIVE DAYS POINTS

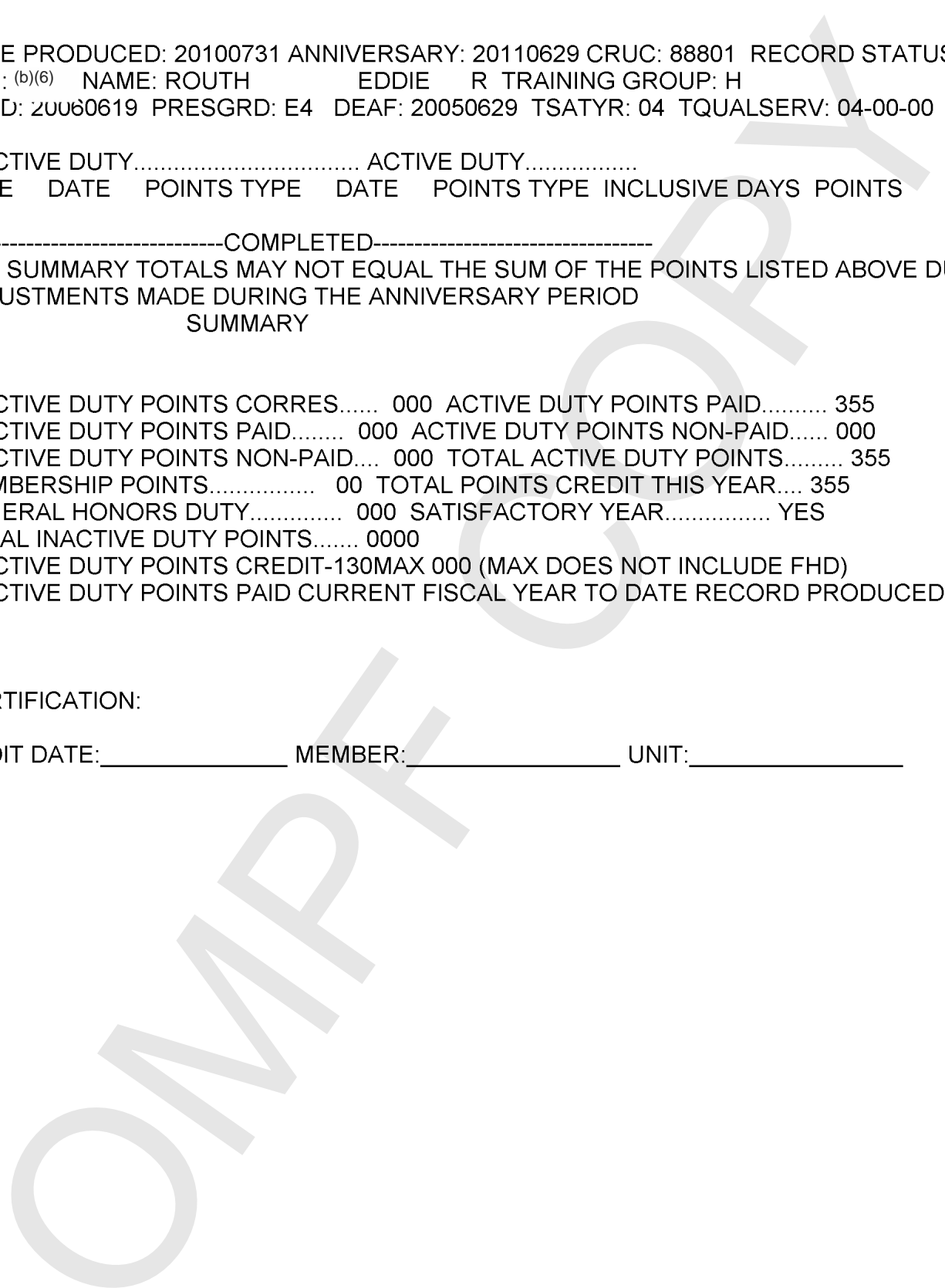
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THE SUMMARY TOTALS MAY NOT EQUAL THE SUM OF THE POINTS LISTED ABOVE DUE TO  
ADJUSTMENTS MADE DURING THE ANNIVERSARY PERIOD  
SUMMARY

INACTIVE DUTY POINTS CORRES..... 000 ACTIVE DUTY POINTS PAID..... 355  
INACTIVE DUTY POINTS PAID..... 000 ACTIVE DUTY POINTS NON-PAID..... 000  
INACTIVE DUTY POINTS NON-PAID.... 000 TOTAL ACTIVE DUTY POINTS..... 355  
MEMBERSHIP POINTS..... 00 TOTAL POINTS CREDIT THIS YEAR.... 355  
FUNERAL HONORS DUTY..... 000 SATISFACTORY YEAR..... YES  
TOTAL INACTIVE DUTY POINTS..... 0000  
INACTIVE DUTY POINTS CREDIT-130MAX 000 (MAX DOES NOT INCLUDE FHD)  
INACTIVE DUTY POINTS PAID CURRENT FISCAL YEAR TO DATE RECORD PRODUCED... 000

CERTIFICATION:

AUDIT DATE: \_\_\_\_\_ MEMBER: \_\_\_\_\_ UNIT: \_\_\_\_\_



DATE PRODUCED: 20110731 ANNIVERSARY: 20120629 CRUC: 88801 RECORD STATUS: 0  
SSN: (b)(6) NAME: ROUTH EDDIE R TRAINING GROUP: H  
PEBD: 20060619 PRESGRD: E4 DEAF: 20050629 TSATYR: 04 TQUALSERV: 04-00-00

INACTIVE DUTY..... ACTIVE DUTY.....  
TYPE DATE POINTS TYPE DATE POINTS TYPE INCLUSIVE DAYS POINTS

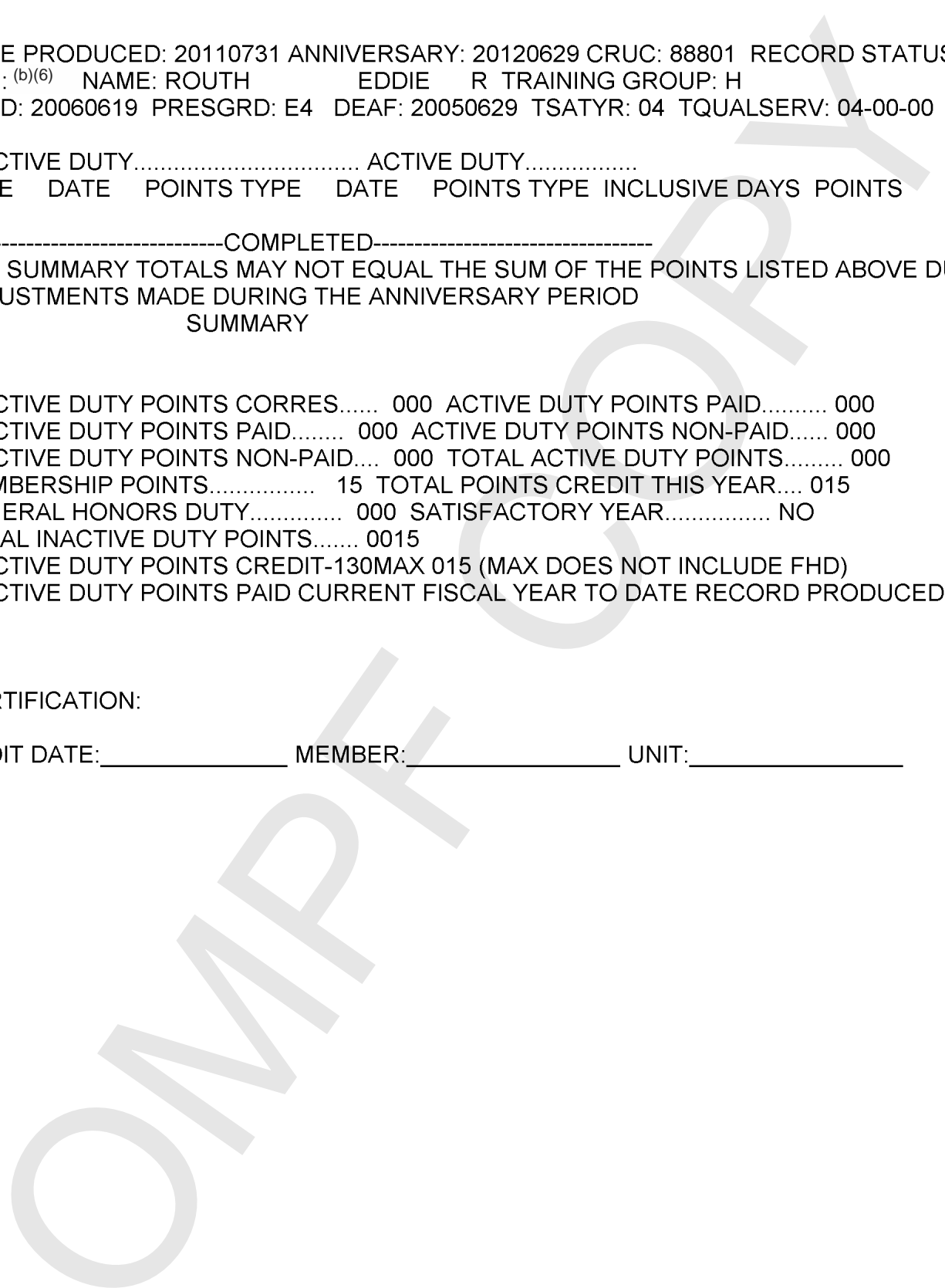
-----COMPLETED-----

THE SUMMARY TOTALS MAY NOT EQUAL THE SUM OF THE POINTS LISTED ABOVE DUE TO  
ADJUSTMENTS MADE DURING THE ANNIVERSARY PERIOD  
SUMMARY

INACTIVE DUTY POINTS CORRES..... 000 ACTIVE DUTY POINTS PAID..... 000  
INACTIVE DUTY POINTS PAID..... 000 ACTIVE DUTY POINTS NON-PAID..... 000  
INACTIVE DUTY POINTS NON-PAID.... 000 TOTAL ACTIVE DUTY POINTS..... 000  
MEMBERSHIP POINTS..... 15 TOTAL POINTS CREDIT THIS YEAR.... 015  
FUNERAL HONORS DUTY..... 000 SATISFACTORY YEAR..... NO  
TOTAL INACTIVE DUTY POINTS..... 0015  
INACTIVE DUTY POINTS CREDIT-130MAX 015 (MAX DOES NOT INCLUDE FHD)  
INACTIVE DUTY POINTS PAID CURRENT FISCAL YEAR TO DATE RECORD PRODUCED... 000

CERTIFICATION:

AUDIT DATE: \_\_\_\_\_ MEMBER: \_\_\_\_\_ UNIT: \_\_\_\_\_



DATE PRODUCED: 20120731 ANNIVERSARY: 20130629 CRUC: 88801 RECORD STATUS: 0  
SSN: (b)(6) NAME: ROUTH EDDIE R TRAINING GROUP: H  
PEBD: 20060619 PRESGRD: E4 DEAF: 20050629 TSATYR: 04 TQUALSERV: 04-00-00

INACTIVE DUTY..... ACTIVE DUTY.....  
TYPE DATE POINTS TYPE DATE POINTS TYPE INCLUSIVE DAYS POINTS

-----COMPLETED-----

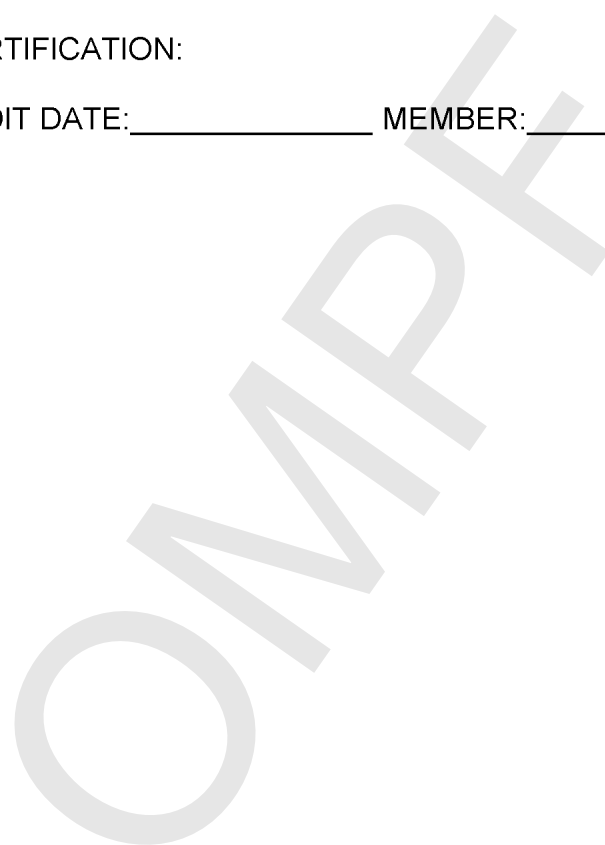
THE SUMMARY TOTALS MAY NOT EQUAL THE SUM OF THE POINTS LISTED ABOVE DUE TO  
ADJUSTMENTS MADE DURING THE ANNIVERSARY PERIOD

SUMMARY

INACTIVE DUTY POINTS CORRES..... 000 ACTIVE DUTY POINTS PAID..... 000  
INACTIVE DUTY POINTS PAID..... 000 ACTIVE DUTY POINTS NON-PAID..... 000  
INACTIVE DUTY POINTS NON-PAID.... 000 TOTAL ACTIVE DUTY POINTS..... 000  
MEMBERSHIP POINTS..... 15 TOTAL POINTS CREDIT THIS YEAR.... 015  
FUNERAL HONORS DUTY..... 000 SATISFACTORY YEAR..... NO  
TOTAL INACTIVE DUTY POINTS..... 0015  
INACTIVE DUTY POINTS CREDIT-130MAX 015 (MAX DOES NOT INCLUDE FHD)  
INACTIVE DUTY POINTS PAID CURRENT FISCAL YEAR TO DATE RECORD PRODUCED.... 000

CERTIFICATION:

AUDIT DATE: \_\_\_\_\_ MEMBER: \_\_\_\_\_ UNIT: \_\_\_\_\_



DATE PRODUCED: 20130731 ANNIVERSARY: 20140629 CRUC: 00000 RECORD STATUS: 9  
SSN: (b)(6) NAME: ROUTH EDDIE R TRAINING GROUP: H  
PEBD: 20060619 PRESGRD: E4 DEAF: 20050629 TSATYR: 04 TQUALSERV: 04-00-00

INACTIVE DUTY..... ACTIVE DUTY.....  
TYPE DATE POINTS TYPE DATE POINTS TYPE INCLUSIVE DAYS POINTS

-----COMPLETED-----

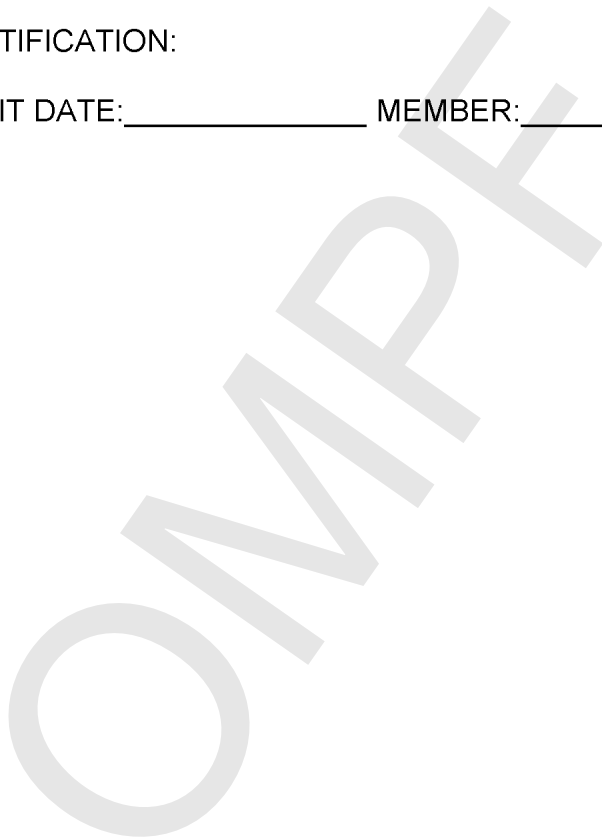
THE SUMMARY TOTALS MAY NOT EQUAL THE SUM OF THE POINTS LISTED ABOVE DUE TO  
ADJUSTMENTS MADE DURING THE ANNIVERSARY PERIOD

SUMMARY

INACTIVE DUTY POINTS CORRES..... 000 ACTIVE DUTY POINTS PAID..... 000  
INACTIVE DUTY POINTS PAID..... 000 ACTIVE DUTY POINTS NON-PAID..... 000  
INACTIVE DUTY POINTS NON-PAID.... 000 TOTAL ACTIVE DUTY POINTS..... 000  
MEMBERSHIP POINTS..... 15 TOTAL POINTS CREDIT THIS YEAR.... 015  
FUNERAL HONORS DUTY..... 000 SATISFACTORY YEAR..... NO  
TOTAL INACTIVE DUTY POINTS..... 0015  
INACTIVE DUTY POINTS CREDIT-130MAX 015 (MAX DOES NOT INCLUDE FHD)  
INACTIVE DUTY POINTS PAID CURRENT FISCAL YEAR TO DATE RECORD PRODUCED.... 000

CERTIFICATION:

AUDIT DATE: \_\_\_\_\_ MEMBER: \_\_\_\_\_ UNIT: \_\_\_\_\_



DATE PRODUCED: 20130731 ANNIVERSARY: 20140629 CRUC: 00000 RECORD STATUS: 9  
SSN: (b)(6) NAME: ROUTH EDDIE R TRAINING GROUP: H  
PEBD: 20060619 DOB: (b)(6) PRESGRD: E4 MAND: 00000000 CERTDATE: 000000

INACDU	MBR-	TOTAL	INACDU	ACDU	TOTAL	ANNIVERSARY YEAR	POINTS	SHIP	FHD	INACDU	PNTS	POINTS	PNTS	SAT	INCLUSIVE DATES	PD	NPD	COR	PNTS	PNTS	PNTS	CRED	PD	NPD	CRED	YEAR
20050629-20060628	000	000	000	15	000	0015	015	010	000	025	NO															
20060629-20070628	000	000	000	00	000	0000	000	365	000	365	YES															
20070629-20080628	000	000	000	00	000	0000	000	366	000	366	YES															
20080629-20090628	000	000	000	00	000	0000	000	365	000	365	YES															
20090629-20100628	000	000	000	00	000	0000	000	355	000	355	YES															
20100629-20110628	000	000	000	15	000	0015	015	000	000	015	NO															
20110629-20120628	000	000	000	15	000	0015	015	000	000	015	NO															
20120629-20130628	000	000	000	15	000	0015	015	000	000	015	NO															

-----COMPLETED-----

CAREER TOTALS

INACTIVE DUTY POINTS CORRES..... 0000 ACTIVE DUTY POINTS PAID..... 01461  
INACTIVE DUTY POINTS PAID..... 0000 ACTIVE DUTY POINTS NON-PAID... 00000  
INACTIVE DUTY POINTS NON-PAID... 0000 TOTAL ACTIVE DUTY POINTS..... 01461  
MEMBERSHIP POINTS..... 060 TOTAL POINTS CREDIT..... 01521  
FUNERAL HONORS DUTY..... 000 TOTAL SATISFACTORY YEARS..... 04  
TOTAL INACTIVE DUTY POINTS..... 0060 TOTAL QUALIFYING SERVICE... 04-00-00  
INACTIVE DUTY POINTS CREDIT..... 0060

CERTIFICATION:

AUDIT DATE: \_\_\_\_\_ MEMBER: \_\_\_\_\_ UNIT: \_\_\_\_\_