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SECRET

56840

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE 25 FEB 77		FILE NO. 3190	
TO: - (Check)	☒	CHIEF, CONTROL DIVISION, OP			SS NUMBER 069-24-3134		
	☐	CHIEF, CONTRACT PERSONNEL DIVISION, OP			EMPLOYEE NUMBER 007667		
	☒	CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN:			ID CARD NUMBER		
REF. Form 245B dated 1 Dec 76				☒ ESTABLISHED ☐ CANCELLED		RETURN TO CIA Background Use Only Do Not Reproduce	
STATUS		☒	STAFF	☐		CONTRACT	
SUBJECT BUSTOS-VIDELA, CHARLOTTE Z.				UNIT 97			

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				☐ CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
☒ BASIC COVER PROVIDED EFFECTIVE DATE BOD				EFFECTIVE DATE			
☐ OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HNB 20-7)			
☒ SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HNB 20-7)				SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)			
☒ SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11) 97				EAA: CATEGORY I _____ CATEGORY II _____			
☒ SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)				RETURN ALL OFFICIAL DOCUMENTATION TO CCS			
☒ SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)				SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.			
☒ EAA. CATEGORY I _____ CATEGORY II ☒				DO NOT WRITE IN THIS BLOCK			
☒ SUBMIT FORM 2688 FOR <u>ACP</u> HOSPITALIZATION CARD							
REMARKS AND/OR COVER HISTORY 27 Aug 51-Aug 62-Hqs-Overt Aug 62-Jul 67-Hqs-<u>99</u> Jul 67-10 Aug 72-<u>94</u> 1 Sep 72-27 Jun 74-Hqs-<u>94</u> 28 Jun 74-10 Nov 76-<u>163</u> 11 Nov 76-26 Feb 77-Hqs-<u>99</u> 27 Feb 77-<u>99</u>-Hqs-<u>99</u>							
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