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SECRET

FILE TITLE/NUMBER/VOLUME: Coxin, Lucien

INCLUSIVE DATES: 11 Dec 53 - 13 Jan 76

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

SECRETARY Arthur R.

*[Handwritten signature/initials]*

Contract Services -

Date	Action	Compensation	GS Equivalent
	Former Military Detailer to Agency. Retired Reserve Officers Contract Employee		
12 Nov 61	Hired as a Career Agent with Civil Service Retirement, LPAs and PSIs,	11,415	GS-13/4
14 Oct 62	LPA	12,245	GS-13/4
28 Apr 63	Pay increase	13,270	GS-14/2
5 Jan 64	LPA	14,065	GS-14/2
26 Apr 64	PSI	14,515	GS-14/3
5 July 64	LPA	15,150	GS-14/3
25 Apr 64	PSI	15,640	GS-14/4
10 Oct 65	LPA	16,204	GS-14/4
3 July 66	LPA	16,675	GS-14/4
8 Oct 67	LPA	17,425	GS-14/4
9 Jan 68	Contract Terminated	17,425	GS-14/4
10 Jan 68	Contract Employee with Civil Service Retirement, LPAs and PSIs,	17,425	GS-14/4
14 Jul 68	LPA	18,641	GS-14/4
15 Jul 68	Contract Terminated	18,641	GS-14/4

CLASSIFIED

FORM 10-120

[Redacted]

*Job 69 731 10/10*

13 JAN 1976

*Filing*

CI 055-76

MEMORANDUM FOR: Director of Personnel

SUBJECT

[Redacted]

[Redacted]

2. Although the personnel listed in the attachment are no longer employed by CIA, nevertheless, I suggest that their official personnel records should be documented

[Redacted]

3. Please coordinate any action connected with this memorandum with Chief, CCS; Chief, CMG; and Chief, CI Staff.

[Redacted]

Attachment: n/s

SECRET

CLASSIFIED BY 00000000

25 January 1974

Drug Enforcement Agency  
Office of Personnel  
Technical Support Section  
1405 I Street, N. W.  
Washington, D. C. 20537

Attention:

Dear

In response to the request from your office of 16 January, the following is a transcript of the employment of LUCIEN E. CONEIN:

<u>Date</u>	<u>Action</u>	<u>Salary</u>
12 Nov 61	Contract Employee with Civil Service Retirement, Legislative Pay Adjustments and Periodic Step Increases	\$11,415 (GS-13/4 eq.)
14 Oct 62	Legislative Pay Adjustment	\$12,245 (GS-13/4 eq.)
28 Apr 63	Pay Increase	\$13,270 (GS-14/2 eq.)
5 Jan 64	Legislative Pay Adjustment	\$14,065 (GS-14/2 eq.)
26 Apr 64	Periodic Step Increase	\$14,515 (GS-14/3 eq.)
5 July 64	Legislative Pay Adjustment	\$15,150 (GS-14/3 eq.)
25 Apr 64	Periodic Step Increase	\$15,640 (GS-14/4 eq.)
19 Oct 65	Legislative Pay Adjustment	\$16,204 (GS-14/4 eq.)
3 July 66	Legislative Pay Adjustment	\$16,675 (GS-14/4 eq.)
8 Oct 67	Legislative Pay Adjustment	\$17,425 (GS-14/4 eq.)
14 July 68	Legislative Pay Adjustment	\$18,641 (GS-14/4 eq.)
15 July 68	Contract Terminated	\$18,641 (GS-14/4 eq.)

Attached is Standard Forms 175 and 1150. There is no record of Standard Forms 2809 and 2810. Perhaps his military retirement obviated the need for health insurance.

Sincerely,

Roger Fowler  
Personnel Officer

Attachments



UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
Washington, D.C. 20537

Jan 74 - 229

Jan. 16, 1974

Mr. John F. Blake  
Director of Personnel  
Central Intelligence Agency  
Washington, D.C. 20505

Re: Lucien E. Conein, [redacted]  
[redacted]

Dear Mr. Blake:

An official transcript of service is requested for Mr. Conein, an employee with this agency. Mr. Conein was employed with your agency from November 22, 1961 to July 15, 1968. Request Standard Form 176, 1150, 2809 and 2810 be forwarded to Drug Enforcement Administration, Office of Personnel, Technical Support Section, Att: Mary Elliott, 1455 K Street, N.W., Washington, D.C. 20537.

Enclosed is a Standard Form 50 showing Mr. Conein's employment with this Agency.

Thank you for your cooperation in this matter.

Sincerely yours,

*James M. Ballard*  
James M. Ballard  
Personnel Director

Enclosure  
AS

# NOTIFICATION OF PERSONNEL ACTION



EMPLOYEE: Keep this document for your records. It is your copy of the official record of personnel action affecting your employment. Do not place any marks on this document or your supervisor or your personnel file. See the reverse for instructions.

1 NAME (LAST, FIRST, MIDDLE) <b>CONTEIN LUCIEN EMILE</b>		2 SEX AND MARITAL STATUS <b>MR</b>		3 POSITION	4 SYMBOLIC ACTION NO.
5 VETERAN PREFERENCE 1 PWS 2 50% 3 10 PT DISABILITY 4 10 PT COMBAT 5 10 PT OTHER		6 TENURE GROUP	7 SERVICE COMP DATE	8 HANDICAP CODE	
9 REGU 1 REG GRAY 2 REG 3 REG 4 REG & OPT		10 RETIREMENT 1 CS 2 FICA 3 FS 4 NONE 5 OTHER		11 (For CSC use)	
12 NATURE OF ACTION <b>CCCA</b>		13 EFFECTIVE DATE		14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
15 FROM: POSITION TITLE AND NUMBER		16 PAY PLAN AND OCCUPATION CODE		17 GRADE OR LEVEL AND RATE	18 SALARY
19 NAME AND LOCATION OF EMPLOYING OFFICE		21 PAY PLAN AND OCCUPATION CODE		22 GRADE OR LEVEL AND RATE	23 SALARY
24 NAME AND LOCATION OF EMPLOYING OFFICE		21 PAY PLAN AND OCCUPATION CODE		22 GRADE OR LEVEL AND RATE	23 SALARY

25 CITY STATE ZIP CODE	26 LOCATION CODE
27 APPROPRIATE AGENCY	28 POSITION OCCUPIED 1 OCCUPATION CODE 2 EMPLOYEE ID
29 REMARKS	30 APPROPRIATE AGENCY 1 PREVIOUS 2 WAIVED

Please Forward Official Personnel  
 Transcript and S.F. 1180 to:  
 Drug Enforcement Administration  
 Personnel Management Division  
 1805 I Street, N.W.  
 Washington, D.C. 20537  
 AT: MARY ELIOTT ROBERTS

31 DATE OF ACTION	32 SIGNATURE	33 TITLE

1584  
9 OCT 1973

Mr. James Ballard  
Acting Director of Personnel  
Drug Enforcement Agency  
1405 I Street, N. W.  
Washington, D. C. 20537

Dear Mr. Ballard:

This is to certify that Mr. Lucien E. Conain was employed by this Agency in a civilian capacity from 12 November 1961 to 15 July 1968, at which time he retired on disability under the Civil Service Retirement Act. He left under honorable circumstances.

Sincerely,

*John F. Blaise*  
John F. Blaise  
Director of Personnel

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - DEAB Subject File
- 1 - DEAB Chrono

OP/RAD/DEAB/FGJarema:kr (4 October 1973)



SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/RAD		
2			
3			
4			
5			
6			
<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY	
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION	
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN	
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE	
<p>Remarks:</p> <p>Per would like you to verify service. He has obviously for more time than indicated, why aren't we certifying the all of it. Are we aware of what he has told D&amp;A?</p> <p style="text-align: center;">B</p>			
FOLD HERE TO RETURN TO SENDER			
FROM NAME ADDRESS AND PHONE NO		DATE	
5-10-07 7-2		03 OCT 1973	
<input type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	

FORM NO 237 Use previous editions (40)

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/RAD		DD
2			
3	DD/Per/SP	05 OCT 1973	B
4	DR Per-		
5	See Day's note <del>but attached</del>		
6			
<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY	
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION	
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN	
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE	
<p>Remarks:</p> <p>Ben - Attached is a rewrite of the Curran memo. Also an explanatory note re his prior service.</p> <p style="text-align: right;">Jury</p>			
FOLD HERE TO RETURN TO SENDER			
FROM NAME ADDRESS AND PHONE NO		DATE	
C/EEAB 202 Magazine #3295			
<input type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	

FORM NO 237 Use previous editions (40)

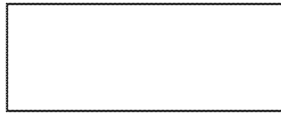
4 October 1973

Ron -

Conein was in U. S. military from September 1941 through September 1961, and on detail to OSS, SSU, CIG, and CIA to time of military retirement.

He was picked up as a civilian and as a career agent on 12 November 1961 and retired on disability on 15 July 1968.

[redacted] advised that subject claims military service as indicated above and that the only period to be certified is the period as a civilian, November '61 to July '68. This all we know about what Conein told DEA.



Distribution:

- 0 - C/RAD
- 1 - EEAB Memos file
- 1 - EEAB Chrono

OP/RAD/EEAB/FG(arewa:pig (4 October 1973)

Mr Janney ✓  
 Mr Blake

1 OCT 1973, OCT 1973

Because of the publicity this man has received I suggest you touch base on the phone with Howard Osborn.  
 RDK

Verify service +  
 info to her file  
 DEA

*[Handwritten signature]*  
 V.P.

SENDER WILL CHE		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED		CONFIDENTIAL	
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Pers/SP	01 OCT 1973	(B)
2	D/Pers		
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<b>Remarks:</b>			
<p>Luke Conein has applied for employment with the Drug Enforcement Agency. The Acting D/Pers asked for the attached info from CIA.</p> <p>Sent to D/Pers for signature. Conein was very controversial, much in the news about the overthrow of Ngo Dinh Diem and has been mentioned by Howard Hunt in Hunt's recent hearing before "Watergate" committee.</p>			
<i>KG</i>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
C/RAD, 212 Magazine Bldg. x3328			9/29/73
UNCLASSIFIED		CONFIDENTIAL	

28 September 1973

Ben -

[redacted] x 7264, one of the Agency's drug coordinators with DEA, called me yesterday afternoon. DEA had requested a memo verifying employment of Mr. Lucien E. Conein, whose name has appeared frequently during the Watergate hearings. The attached memorandum is what Archenhold wants.

Conein's service was verified with ROB; his "honorable service" was cleared with SAS. [redacted] I discussed the case with [redacted] [redacted] Conein last year and [redacted] approved release of the information to DEA. We had verified this service to a Justice Department investigator approximately one year ago when Conein was being considered as a consultant for BNDD.

[redacted] offered to carry the memorandum to DEA.



1. LAST NAME <b>COOPER</b>		FIRST NAME <b>JIMMIE</b>		INITIALS <b>JC</b>	2. APPOINTMENT DATA Employment date <b>11/29/61</b> Subject to Sec. 203(d) 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/>		3. TOTAL SERVICE FOR LEAVE as of date of information Years _____ Months _____ Days _____ <input type="checkbox"/> More than 15 years					
4. DATE AND NATURE OF SEPARATION <b>RETIRED RETIABILITY 1500 7/15/68</b>					Ceased to be subject to Sec. 203(d) on _____ Annual Leave Bill _____							
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)					SUMMARY OF HOME LEAVE (DAYS)					REMARKS		
5. Balance from prior leave year ended <b>1/13</b> <b>1968</b>					Annual	Sick	14. Date arrival abroad for HR purposes <b>7/29/65</b>					SCD 11/2/61
6. Current leave year accrual through <b>7/13</b> <b>1968</b>					360	210	15. Current balance as of <b>9/29</b> 19 <b>67</b> <b>0</b>					
7. Total					104	52	16. 12 month accrual rate <b>35 days</b>					
8. Reduction in credits, if any (current year)					464	262	17. Dates leave used, prior 24 months _____					
9. Total leave taken					0	0	18. Monthly accrual date _____					
10. Balance					104	262	19. Calendar days credit for next accrual date <b>30</b>					
11. Total hours paid in lump sum <b>360 hr plus 1 Holiday</b>					360	0	20. Date basic service period completed <b>7/29/67</b>					
12. Salary rate(s) <b>18,641</b>					MILITARY LEAVE							
13. Lump sum leave dates From <b>1500 7/15/68</b> to <b>9/17/68</b> <b>1500</b> (Hours)					21. Dates during current calendar yr _____ to _____							
16. Certified correct by: _____ (Signature) <b>AUTH. CERT. OFFICER</b> (Title)					22. Dates during preceding calendar yr _____ to _____							
					ABSENCE WITHOUT PAY							
					23. During leave year in which separated _____							
					24. During step increase waiting period which began on _____							
					25. During 12 month HR accrual period (dates): _____							
					AWOP or Furlough (Hours)							
					AWOP or Suspension (Hours)							
					0							
					0							

Standard Form 1150  
November 1963  
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
PPM SUPPLEMENTS 296-31 AND 990-2

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) _____ (first) _____ (middle) _____	DATE OF BIRTH (month, day, year) _____	SOCIAL SECURITY NUMBER _____
EMPLOYING DEPARTMENT OR AGENCY _____	LOCATION (City, State, ZIP Code) _____	

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here if you **WANT BOTH** optional and regular insurance

(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB," THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print) \_\_\_\_\_

DATE \_\_\_\_\_

**FOR EMPLOYING OFFICE USE ONLY**

RETIREMENT BRANCH (official receiving date stamp)

MAY 29 11 21 AM '68

See Table of Effective Dates on Back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

FORM NO. 176-2  
MAY 1968  
Use only until April 18, 1968  
176-101

SECRET

25 January 1972

MEMORANDUM FOR FILE

SUBJECT:

REFS:    A. UWCT-701, 18 November 1971  
          B. UWCS-705, 29 November 1971

1. This memorandum will record a series of conversations with Chief of Base,  concerning the proposed use of Subject as a re-hired annuitant or alternatively the proposed use of Subject's wife as a contract agent as a spotter and access agent for the Washington Base.
2. Based on several conversations with representatives of the Office of Security and the Office of Medical Services we have been advised that a request for approval to employ Subject or his wife would not receive either OMS or Office of Security concurrence.
3. Based on the above, Chief of Base,  has agreed to withdraw his request in Reference A and this memorandum will serve in lieu of a dispatch reply.

SECRET

NON-STAFF PERSONNEL DATA SHEET						DATE
INSTRUCTIONS: 1. SUBMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, B AND CAREER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR MOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSPS/AGENT BRANCH (1 COPY ONLY)						12/13/71
NAME (LAST, FIRST, MIDDLE)					SEX	DATE OF BIRTH
					Male	11/27/19
MARITAL STATUS	NO. DEPENDENTS	YEARS OF BIRTH		NATIONALITY	LAST MEDICAL EXAM	
Married	4	1929, 1950, 1958, 1959		Nat. U. S. A.	11/67	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL				JOB TITLE	COMPONENT	
CSA, 10/12/61				Agent	DO	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR FAN #	
MOC			\$50.00 per task			
BENEFITS				YES	NO	
N/A						
SOCIAL SECURITY						
FECA DEATH AND DISABILITY						
ANNUAL AND SICK LEAVE						
CIVIL SERVICE RETIREMENT						
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY						
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE						
CONTRACT LIFE AND HEALTH INSURANCE						
MISSING PERSONS BENEFITS						
OTHER (EXPLAIN)						
NON-CIA EDUCATION						
University of Maryland, 77 credit hours on Bachelor of Military Science Degree U. S. Army Infantry School, Ft. Benning, Georgia, 1943 British Special Intelligence School, 1943-1944 U. S. Psychological Warfare Training, 1959 Fluent in French						
DATES		NON-CIA EMPLOYMENT				
FROM - TO	EMPLOYER	LOCATION	FUNCTION	SALARY		
9/41-9/61	U. S. Army	France Germany Indochina				
CIA TRAINING						
Paramilitary Training - 1951						
CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
11/12/61	Ops Officer (ZA)	CA	Hqs	SOD		GS-13
01/ /62	"	"	Saigon	FE		GS-13
04/23/63	"	"	"	FE		GS-14/2
07/15/63	Disability Retirement	"	Hqs	FE		GS-14/4



SECURITY

FACTORS AFFECTING SUBJECT (PUBLIC KNOWLEDGE - PRESS, RADIO, TV), KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

When Subject retired he was told to indicate CIA as his place of employment for the entire period - November 1961 through July 1968.

COVER

A. PRESENT COVER IS:  OFFICIAL  NON-OFFICIAL

DIVISION EVALUATION OF COVER SECURITY:

EVALUATION OF PERFORMANCE:

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

B. PREVIOUS COVER WAS:  OFFICIAL  NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

4100

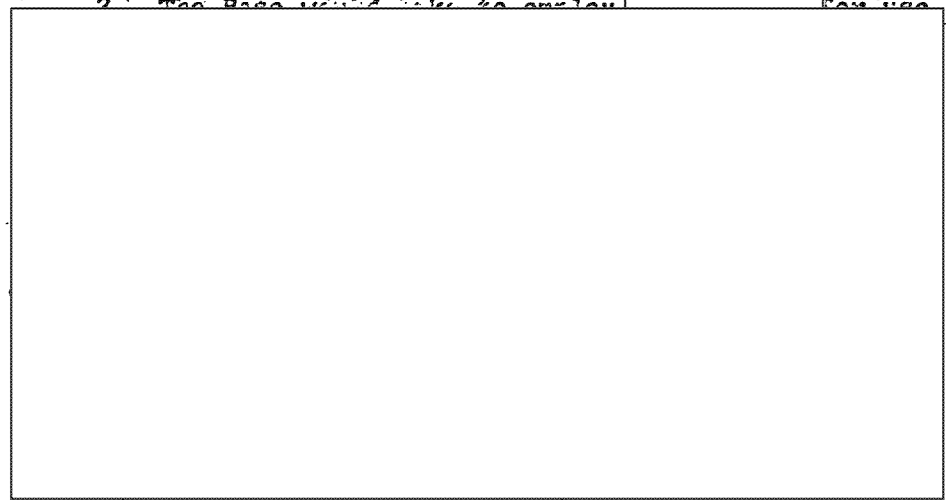
CLASSIFICATION	CLASSIFICATION	PROCESSING ACTION	
SECRET	SECRET		MARKED FOR INDEXING
Chief, DC Division		X	NO INDEXING REQUIRED
Chief of Base, Washington			ONLY QUALIFIED DESK CAN JUDGE INDEXING
ISOLSG/Administrative	DO Base/Washington's Proposed Use of Retired Annuitant		MICROFILM

ACTION REQUIRED: See paragraph 1.

REFERENCE : None

1. Headquarters approval is requested for DO Base/Washington's operational use of retired annuitant, [redacted] a former Career Agent contract employee who was retired on a medical disability 15 July 1968.

2. The Base would like to employ [redacted] for use



Distribution:  
 1 - C/DO ✓

DISPATCH SYMBOL AND NUMBER	UNCL-701	DATE 10 NOV 1971 17 November 1971
CLASSIFICATION	SECRET	RCS FILE NUMBER

SECRET TELEPOUCH

DISP NO - UWCS-705

FILE NO - NONE

DATE - 29 NOVEMBER 1971


INDEX - NONE

FILM - NONE

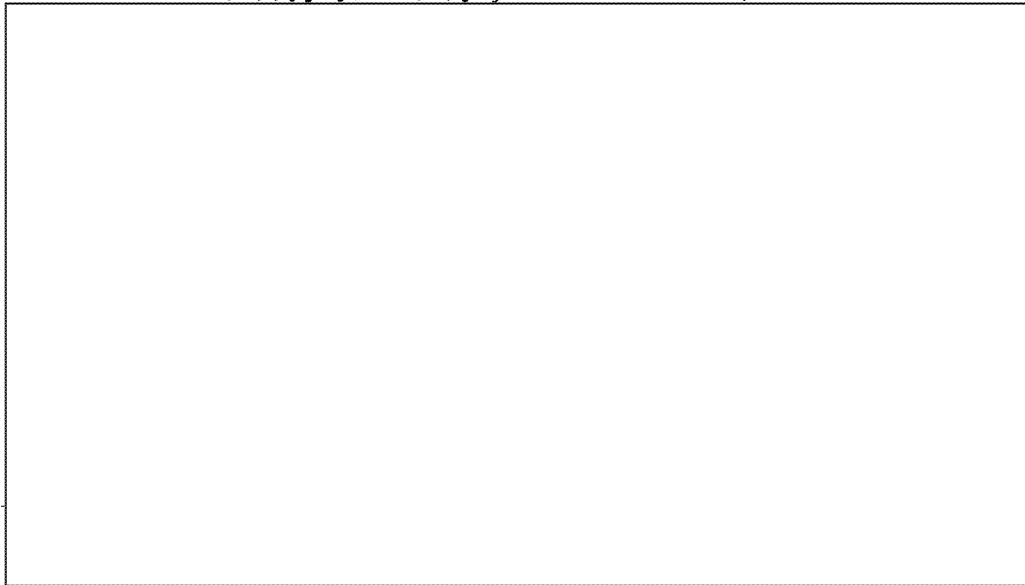
TO - CHIEF OF BASE, WASHINGTON

INFO - NONE

FROM - CHIEF, DO DIVISION

SUBJECT - 

REFS - UWCT-701, 16 NOV 71



CLASSIFIED BY DC/PER

DECLASSIFICATION BY DC/1/81

RELEASING BY 0/00/00

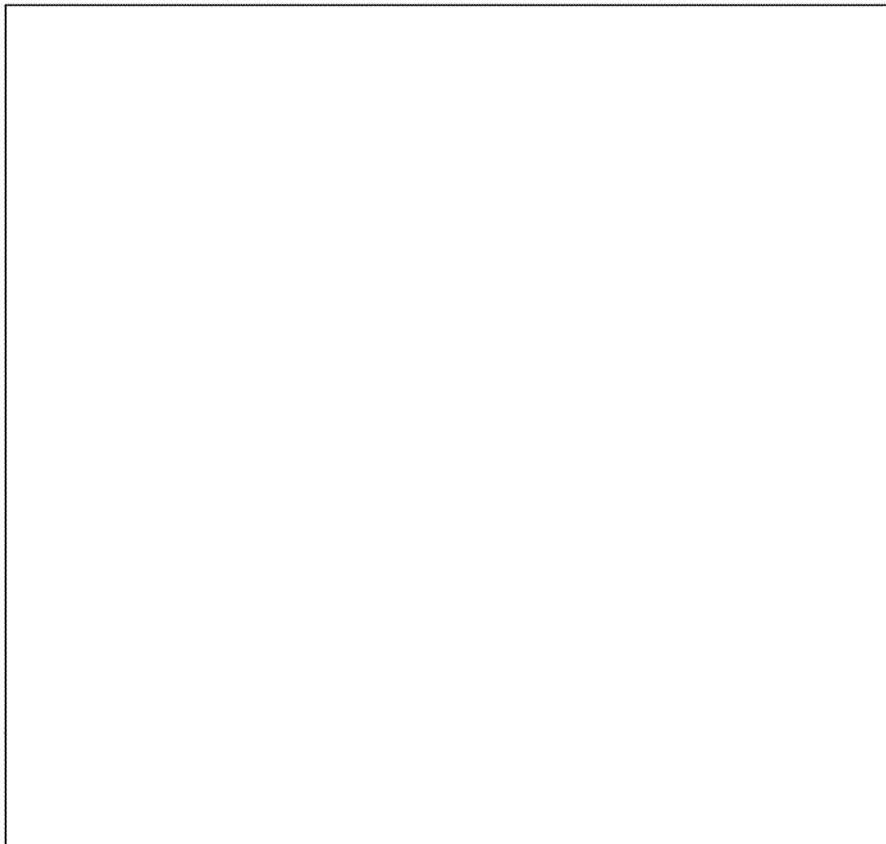
**SECRET**

DO 71 - 353

**MEMORANDUM FOR:** Director of Personnel  
**VIA** : Deputy Director for Plans  
**SUBJECT** : Lt. Col. Lucien E. Concin

*Not Sent*

1. A recommendation for the approval of the Director of Personnel is contained in paragraph three (3).



Chief, DO Division

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

CONCURRENCE SHEET

CONCUR:

\_\_\_\_\_  
Deputy Director for Plans

\_\_\_\_\_  
Date

APPROVAL:

\_\_\_\_\_  
Director of Personnel

\_\_\_\_\_  
Date

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

WASH POST  
22 Dec 71

## NBC Claims Diem Death Inside Story

Several generals and colonels of the South Vietnamese Army voted unanimously to kill President Ngo Dinh Diem in 1963, and were not particularly discouraged by the high-ranking U.S. CIA official, an NBC report scheduled to be telecast tonight discloses.

The report is Part 2 of "An NBC News White Paper: Vietnam 'Hindsight'" and deals with the origins of America's involvement in that Southeast Asia country.

The report presents the first supposed inside account of Diem's assassination, disguised as a political coup, and includes statements by Alvin Davis, associate producer of the program, and Lt. Col. Lucien Conein, the key CIA man in South Vietnam during the time of the coup.

It is "quite inconceivable" to Conein that Gen. Maxwell Taylor and others were not aware of the timing of the coup, Conein says on the program, which depicts Diem's death as a Diem maneuver that backfired.

The decision to kill Diem is reported to have developed over a series of eight meetings and arguments, and, finally, a vote. Three who would have voted to save Diem were assassinated before the vote was taken. Four others including the present Prime Minister, Khanh, were deliberately excluded from the vote.

Many among the 17, however, wanted him killed from the start, and the only overheard phrase spoken in French rather than in Vietnamese was by Big Minh, might have been presidential contender in the October 1971 election, who said, "The dog must be killed."

After that, the vote went like this: Big Minh, kill; Gen. Don, kill; Gen. Xuan, kill; Col. Nghia, kill. At the end there was total unanimity, and a vow of alliance was taken. The silence is to be broken tonight, Davis says.

Diem had asked for full honors, and a "graceful" exit from Vietnam to exile in another country, but refused to see Big Minh—who in turn was furious at the slight.

Between 6 and 9 p.m. Nov. 2, the day of Diem's death, he refused again to speak to Minh, then finally spoke to him on the telephone, but Minh, outraged, hung up. On the third try, Diem gave in, asking only for safe conduct.

At this point Col. Conein said he was told by Ambassador Henry Cabot Lodge not to instigate, encourage or discourage a coup, which was in the planning stages throughout October, 1963. But Diem, Conein said, had his own plan for a phony coup, after which he and his family would be brought in honors, by popular acclaim, back to Saigon from their place of exile, Pleiku.

What happened, apparently, is that both the phony coup and the real one came off at the same time, fooling Diem and his brother, Ngo Dinh Nhu.

Conein, in an attempt to get Diem out of the country says he asked his embassy for a plane, but was told that he would have to wait 24 hours for it.

"I spoke for the U.S. government and I was authorized, and I informed the junta (Diem's organization) that I had an aircraft, but it would take me 24 hours to have that aircraft on the ground."

"Instead?" Davis asked.

"Instead, he was shot by a major in the Vietnamese army," Conein says on the telecast.

SECRET

A. TEMPORARILY FOR _____ DAYS. EFFECTIVE DATE COB _____		DATE (** *X)RDBB  12 Nov 61	
B. CONTINUING AS OF COB			
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)	
ASCERTAIN THAT _____ #2 BEING ISSUED. (HR 20-601-1)		N/A RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-3*)		OK DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-3*)			
CONCUR IN ISSUANCE		AGE HOSPITALIZATION CARD NACS HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY			
RDT/MLH 1581 1582 1583 1584 1585 1586 1587 1588 1589 1590 1591 1592 1593 1594 1595 1596 1597 1598 1599 1600			

SECRET

4 April 1965

Mr. J. Edgar Hoover, Director, Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover: I am writing to you regarding the  
information received from the [redacted] concerning  
the activities of [redacted] in the [redacted] area.  
It is noted that [redacted] has been active in  
the [redacted] area and has been in contact with  
[redacted] and [redacted]. It is also noted that  
[redacted] has been active in the [redacted] area  
and has been in contact with [redacted] and [redacted].  
It is noted that [redacted] has been active in the  
[redacted] area and has been in contact with [redacted]  
and [redacted]. It is also noted that [redacted]  
has been active in the [redacted] area and has been  
in contact with [redacted] and [redacted].

Very truly yours,  
[redacted]  
Special Agent in Charge



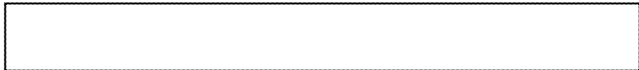
65-4611/P



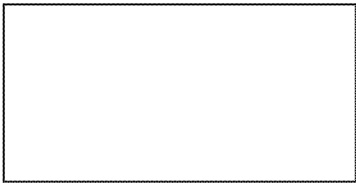
17 AUG 1965

**MEMORANDUM FOR: Deputy Assistant Secretary for Far Eastern Affairs  
Department of State**

**SUBJECT**



2. Arrangements are now being made between Mr. Wendt of the Department and representatives of [redacted] [redacted] In the absence of unforeseen difficulties, all of the persons named will proceed to Saigon as soon as possible. One of those named, [redacted] is now serving in Europe, but this should not delay his assignment to Vietnam.



EO-DD/S:VRT:maq (16 Aug 65)  
Rewritten:O-ERDIF:JSE:abo (17 Aug 65)

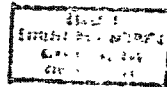
**Distribution:**

- 0 & 1 - Adso
- 1 - Signing Official
- 1 - ER w/basic
- 1 - DD/S subject w/cy basic
- 1 - DD/S chrono
- 1 - DD/P w/cy basic
- 1 - C/SE w/cy basic
- 1 - D/Pers w/cy basic
- 1 - D/Finance w/c

**Secondary Distribution:**

- 4 - OFF ~~\_\_\_\_\_~~
- 4 - FE/Pers
- 2 - Contract Personnel
- 4 - OC/PED
- 1 - C/CSPD
- 1 - C/TAR
- 1 - Manpower Office
- 8 - O/Finance

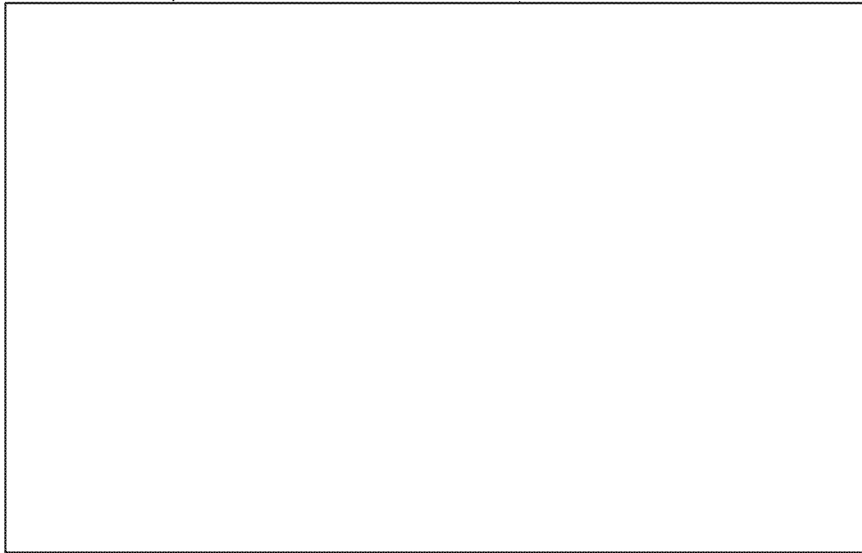
**CONFIDENTIAL**



CONFIDENTIAL

DD/S 65-3882

MEMORANDUM FOR: Deputy Assistant Secretary  
for Far Eastern Affairs  
Department of State  
Washington, D.C.



Richard Collins  
Deputy Director

CONCUR:

                      
Chief, Far East Division

16 Aug 65  
Date

                      
Deputy Director for Support

16 Aug 65  
Date

                      
Director of Personnel  
16 Aug 65

CONFIDENTIAL



DEPARTMENT OF STATE  
WASHINGTON

65-1511

AUG 9 1953

CONFIDENTIAL

x form



Foreign Assistance Administration  
Washington, D.C.



Division of Foreign Intelligence  
Washington, D.C.

CONFIDENTIAL

MESSAGE FORM

TOTAL COPIES: 7

ORIG : RICHARD WELCH  
UNIT : DC/WH/3  
EXT : 8337  
DATE : 24 JUNE 65

INDEX  
 NO INDEX  
 FILE IN CASE FILE NO.

SECRET

RETURN TO BRANCH  FILE FILE

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
ROUTING	
1	5
2	6
3	7
4	8

TO : [Redacted]

FROM: DIRECTOR

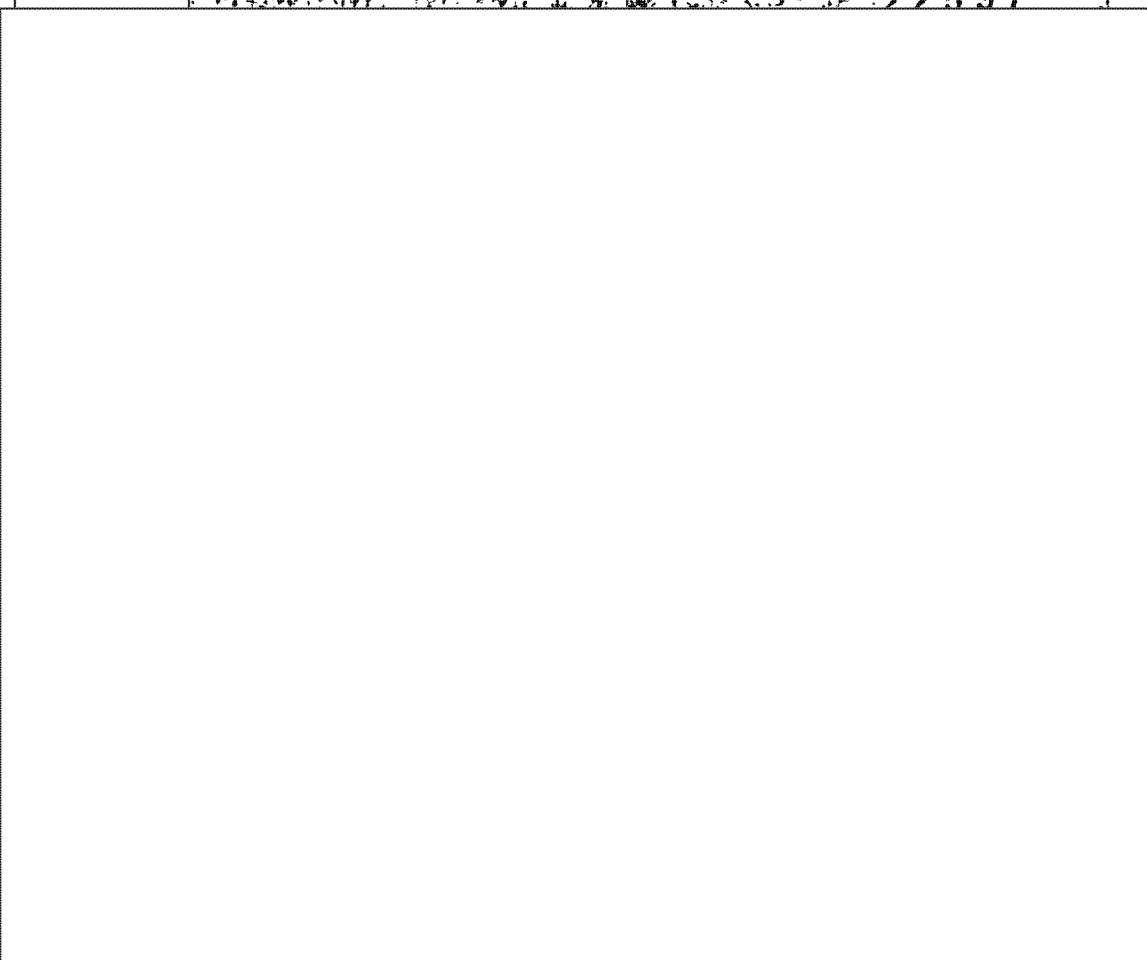
SIG GEN

COMP: WH8 INFO YR FILE  RID COPY CCS 3, FI, FI/SPG, SOD6

CI/OPS, OP 2

TO : [Redacted]

CITE DIR 22557



COORDINATING OFFICERS

RELASSING OFFICERS

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING OFFICERS

MESSAGE FORM

TOTAL COPIES:

RETURN TO BRANCH  FILE BID

TO :  
ATTN :  
LIT :  
DATE :

- INDEX
- NO INDEX
- FILE IN CS FILE NO.

**SECRET**

ROUTING	
1	5
2	6
3	7
4	8

PAGE #2

FROM: DIRECTOR

INFO: VR FILE  BID COPY

INFO

CITE DIR

22557



(CONTINUED)

RELEAS-NO OFFICER

COORDINATING OFFICERS

**SECRET**

CLASSIFICATION

DATE

MESSAGE FORM  
TOTAL COPIES

RETURN TO SENDER

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3	7
4	8

ORIG :  
UNIT :  
EXT :  
DATE :

INDEX  
 NO INDEX  
 FILE IN CS FILE NO.

SECRET

TO :

PAGE #3

FROM: DIRECTOR

CONF :

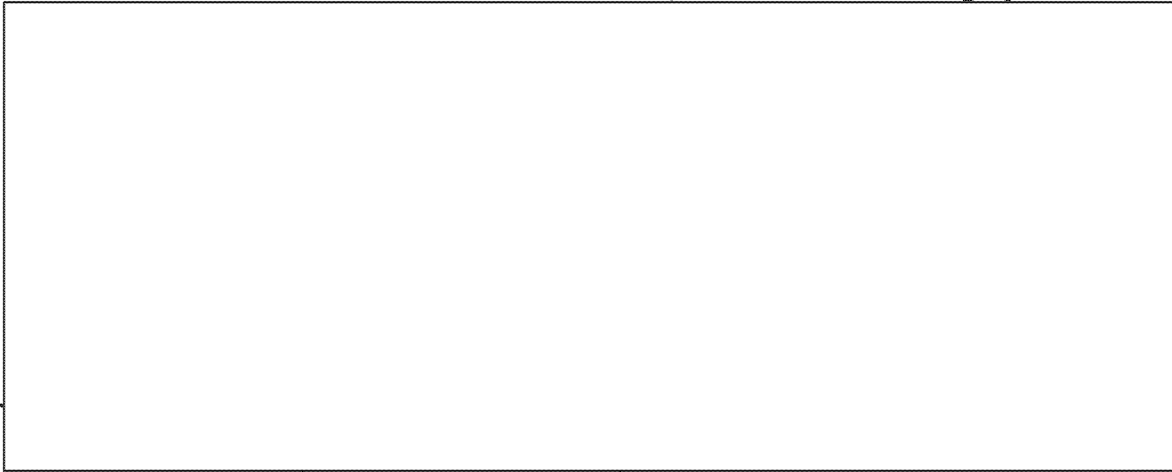
INFO: VR FILE  RID COPY

TO

INFO

CITE DIR

22557



END OF MESSAGE

WH Comment: Wish to prevent possibility that agreements between all parties vis a vis [redacted] KUBARK role is not diminished.

CCS/ocm

*[Signature]*  
DESMOND FITZGERALD  
C/WHD

COORDINATING OFFICERS

RELEASING OFFICER

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING OFFICER

UNCLASSIFIED  CONFIDENTIAL  SECRET

ROUTING AND TRACKING SHEET

SOURCE (If known)		[REDACTED]		FILE #	9321
FROM: G. E. Post, C/NEAB, 211 Magazine		DATE: 30 APR 1968		OFFICER'S INITIALS	
TO: (Officer designation, room number, and building)	DATE	REMOVED	FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Enter in the across column after each comment)
1. FE/Pers	APR 1968			[Initials]	1. Not for filing. For approval and transmittal to Cover. Please initial Copy # 1. Copy # 4 for your retention.
2.					
3. Cover G H 44 Hqs.	29 APR 1968			[Initials]	3. Not for filing. For approval and transmittal to Security. Please initial Copy # 1; Copy # 3 for your retention.
4.					
5. Security 3 H 49 Hqs.	May 68			[Initials]	5. Please initial Copy # 1; Copy # 2 for your retention.
6.					
7. G. E. Post 211 Magazine				[Initials]	7. Please go to Press 30 Copies
8.					
9. [Handwritten]				[Initials]	sent to PSD 10- [Handwritten]
10. G.E. POST 211 MAG				[Initials]	
11. OP/Files 5E13					
12.					
13.					
14.					

UNCLASSIFIED  CONFIDENTIAL  SECRET

14115 28618 #1  
(P.P.C.)

RESUME


EMPLOYMENT OBJECTIVE:

Management position of responsibility where I can materially contribute to the growth and effectiveness of the organization, by utilizing my background and experience in:

OS/EAB  
1 May 68

1. Excellent and extensive personal and political relations with high foreign government officials in Southeast Asia.
2. Management, administration, supervision, organization and operations of internal and physical security of plants and installations.
3. Public Relations dealing with foreign government, commercial and industrial representatives to further the interest of the organization.

Available: After 1 May 1968

Salary Requirements: \$12,000 - \$15,000 per annum - could be negotiated depending on the position.

EXPERIENCE:

1. U. S. Central Intelligence Agency

December 1961 - Present

Intelligence/Operations Officer

Since joining CIA in 1961 have spent the major portion of this period overseas in Southeast Asia. Duties have included: Complete responsibility for the operation of a field intelligence station. Functions included collection, analysis, evaluation, and reporting of intelligence data; the management of the base (Personnel, Security, Finance, and Logistics); liaison with other U. S. officials (up to the Ambassadorial level) and officials of other governments up to the Prime Minister; also directed such operations as civic and political action, police and intelligence office training in counter-insurgency and the general field of intelligence.



## 2. U. S. Army

September 1941 - September 1961

Starting as a recruit in September of 1941 was advanced to Non-Commissioned Officer in 1942 and later chosen for Officers Candidate School, Ft. Benning, Georgia, February 1943. Graduated and commissioned 2nd Lieutenant (O.S.S.), 26 July 1943. Served European Theatre of Operations October 1943 to December 1944. Parachuted behind enemy lines in civilian clothes, France, August 1944. Transferred China/Burma/India Theatre, February 1945. Parachuted into French-Indo-China, June 1945. Assigned German occupation February 1947 to August 1953, as an intelligence officer. 1953 - 1956 served as U. S. Military advisory group, Vietnam as intelligence and operations officer. 1957 - 1959 assigned as battalion commander U. S. Special Forces. Commanded an airborne battalion, Ft. Bragg, North Carolina. August 1959 - September 1961 Chief Foreign Intelligence, Assistant Chief of Staff for Intelligence, Department of Army Mission in Teheran, Iran.

EDUCATION:

University of Maryland, 77 credit hours on Bachelor of Military Science Degree

SPECIALIZED TRAINING:

U. S. Army Infantry School, Ft. Benning, Georgia, 1943  
British Special Intelligence School - 1943-44  
U. S. Psychological Warfare Training, 1959.

FOREIGN LANGUAGE:

French - fluent  
Spanish - Trained but have never used.

HONORS (CITATIONS):

Silver Star  
Bronze Star  
European Theatre (3 Bronze Stars)  
Pacific Theatre (2 Bronze Stars)

LUCIEN E. CONEIN

Page 3

Legion of Honor (Chevalier)  
Croix de Guerre (Palm and 2 Bronze Stars)  
Mention in Despatches (Palm)  
National Order of Vietnam (Officer)  
Cross of Valor (Palm)

PERSONAL DATA:

Date of Birth: 29 November 1919, Paris, France  
Height: 5'11"  
Weight: 175 pounds  
Eyes: Blue  
Hair: Grey brown  
Marital Status: Married, two sons, 1 daughter (9, 7, 4, respectively)  
Health: Excellent

REFERENCES:

Ambassador Henry Cabot-Lodge  
Department of State  
Washington, D. C.

Major General Edward G. Lansdale  
Senior Liaison Officer  
U. S. Embassy, APO San Francisco 96243

Mr. Michael Deutch  
Transportation Building  
815 17th Street, N. W.  
Washington, D. C. 20006

Mr. Rufus Phillips  
Airways Engineering Corporation  
1250 Connecticut Avenue, N. W.  
Washington, D. C. 20006

14-00000

**NOTICE OF TERMINATION FOR RETIREMENT**

[Redacted]

You are hereby notified that your resignation as a Contract Employee of the United States Government is accepted pursuant to your Retirement for Medical Disability effective 15 July 1968, and that the effective date of your voluntary termination is 15 July 1968.

You are reminded of the contents of paragraph thirteen (13) of said contract which reads as follows:

"(13) You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws, dated 25 June 1948, as amended, and other applicable laws and regulations."

Your signature in the space provided below indicates acknowledgement and understanding of the contents hereof.

UNITED STATES GOVERNMENT

[Redacted]

CONTRACTING OFFICER

ACKNOWLEDGED:

[Redacted]

WITNESS:

[Redacted]

## SECRET

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL			DATE
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE			21 May 1968
PERSONAL DATA			
LOCAL ADDRESS		OFFICE AND BRANCH OF ASSIGNMENT DDP/FE/VNO	
PERMANENT STATION OR BASE Washington, D.C.		POSITION OR FUNCTIONAL TITLE Ops Officer	
CONTRACT DATA			
DATE CONTRACT EFFECTIVE 12 November 1961	DATE CONTRACT LAST RENEWED 10 January 1968	DATE CONTRACT EXPIRES indefinite	DATE OF CONTRACT TERMINATION 15 July 1968 (500 hours)
REASON FOR CONTRACT TERMINATION			
INTERNAL STAFF OR DIVISION CLEARANCES (ADD IF OTHER AS APPROPRIATE)			
COMPONENT	CLEARED BY	DATE	REMARKS
FINANCE			
LOGISTICS			
PERSONNEL			
CONTRACT APPROVING OFFICER		CLEARED BY (Signature)	DATE
SCHEDULE OF INTERVIEWING OFFICES (OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)			
OFFICE	DATE	TIME	LOCATION
CENTRAL COVER STAFF			[redacted] contacted on 20 May 68 (CCS/OCB/M) and stated that he does not need to see again.
OFFICE OF SECURITY PSD	23 May 68	1430	3E-49
OFFICE OF PERSONNEL CPD			Not seen via CPD
INTERVIEWING OFFICIAL			
			CLEARED BY (Signature)
			DATE 23 May 68
			DATE 6/24/68
REMARKS (Please Initial)			
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER	DATE

STANDARD FORM 54 FEBRUARY 1968 U.S. CIVIL SERVICE COMMISSION FPMR SUPPLEMENT NO. 1, § 4.108		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program		
1. NAME (Last) (First) (Middle)		2(a) DATE OF BIRTH (Month) (Day) (Year)	2(b) SOCIAL SECURITY NUMBER	
CONEIN, Lucien E.		November 29, 1919	513   05   0926	
3. CHECK THE REASON FOR TERMINATING INSURANCE				
(a) <input type="checkbox"/>	SEPARATED	(c) <input type="checkbox"/>	DIED	(d) <input type="checkbox"/>
(b) <input checked="" type="checkbox"/>	RETIRED	HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		(e) <input type="checkbox"/>
		12 MONTHS NON-PAY STATUS		(f) <input type="checkbox"/>
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY				
(a) <input type="checkbox"/>	CURRENT SF 54 ATTACHED	(b) <input checked="" type="checkbox"/>	A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/>
A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)				
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (c) OR (d). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.				
5. DATE OF LAST EMPLOYER'S ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL DASH PAY RATE (NET AMOUNT OF INSURANCE) ON DATE IN ITEM 5 (MONTH, DAY, YEAR) (PER ANNUM)	7. DO EMPLOYEES HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES GIVE RECEIPT DATE & ELECTION OF OPTIONAL INSURANCE (SF 1767 or 1767E)	8. DATE OF NOTICE OF EMPLOYER'S PLAN (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)	
July 15, 1968	\$ 18,641			
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.				
		17 JUL 1968		
		(Date)		
		Insurance Officer, Alternate		
		(Title)		
(Typed name of authorized agency official)		Washington, D. C. 20505		
Central Intelligence Agency		(Mailing address, including ZIP code of agency)		
(Name of agency)				

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

CONFIDENTIAL

20 MAY 1968

MEMORANDUM FOR: Chief, Compensation and Tax Division  
VIA : Contract Personnel Division  
SUBJECT : Contract Termination - [redacted]  
[redacted]

1. [redacted] has been notified by the Civil Service Commission that his Disability Retirement has been approved.

2. In view of the above information, it is requested that Subject's contract be terminated effective 1500 hours on 18 July 1968. Termination of Subject's contract on this date is requested to allow him to use all of his accrued sick leave as well as his excess annual leave.

William S. Nelson

William S. Nelson  
Chief, Far East Division

Distribution

Orig & 1 - Addressee  
1 - OV/CID  
1 - FE/BSRC  
1 - FE/PERS/VNO

FE/PERS/VNO DEWallace/eam X5459 20 May 1968

SECRET

DATE: 7 February 1968

MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP  
Benefits and Services Division

This is to advise you that   
has been employed under an Agency personal services contract  
effective 10 January 1968. The Contract authorizes  
participation in Civil Service Retirement, FEGLI and Federal  
Health Insurance.

Subject's contract is the administrative responsibility  
of DDP/FE.

Contract Personnel Division

SECRET

Group 1 - Excluded from automatic downgrading and  
declassification

SECRET

*Suzanne Conner*

Mr. [redacted]

Dear [redacted]:

The United States Government, as represented by the Contracting Officer of this organization, [redacted]

[redacted]

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 12 November 1964, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

Group - Excluded from automatic downgrading and declassification.

TR. SUBMITTAL SLIP		DATE
		14 Feb 1968
TO: RECORD		
ROOM NO.	BUILDING	
REMARKS:		
Per	[redacted]	Subject's
[redacted]		
FROM		
ROOM NO.	BUILDING	EXTENSION

FORM NO. 241  
1 FEB 55

REPLACES FORM 94  
WHICH MAY BE USED

(47)



SECRET

4. This agreement is effective as of 16 January 1968  
and shall continue thereafter for an indefinite period

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

*Cover, L...* SECRET

*1/21*

1967 LEAVE STATEMENT	
NAME: <i>WALTER</i>	ORGANIZATION: <i>111-000</i>
DATE: <i>11/21</i>	
Annual leave balance as of 1 January 1967	0
Annual leave balance as of 11 March 1967	1
Sick leave as of 11 March 1967	5
Compensatory leave balance as of 11 March 1967	2
Leave carried forward from prior year	Days

SECRET  
(When Filled In)

11310  
70 240000

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
1. NAME (Last, First, Middle) <b>Conlon, Lucien E.</b>	2. POSITION TITLE <b>Career Agent</b>	<b>08 August 1967</b>
3. OFFICE, DIVISION, BRANCH <b>DDP/FE/VNO</b>	4. GRADE <b>GS-14</b>	5. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> NDOS/TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT  ETA STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 29) ATTACHED
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> RETURN FROM OVERSEAS	
<input type="checkbox"/> TDY STANDBY	<input checked="" type="checkbox"/> <b>evaluation and complete</b>	
<input type="checkbox"/> SPECIAL TRAINING	ETA	
<input type="checkbox"/> ANNUAL	<b>Mid August 1967</b>	
<input type="checkbox"/> RETURN TO DUTY	STATION	
<input type="checkbox"/> FITNESS FOR DUTY	<b>Vietnam</b>	
<input type="checkbox"/> MEDICAL RETIREMENT	NO. OF DEPENDENTS	
8. OVERSEAS PLANNING EVALUATION (This block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	<b>Donald S. ... FE/PIAS/VNO</b>	
	32-22 HQS	5450

10. COMMENTS	
REF: [redacted] Please schedule Physical on 14th and 15th of August 1967 <b>"SPECIAL HANDLING"</b>	
11. REPORT OF EVALUATION	
qualified for Departmental duty only for a minimum of one year. Must be medically evaluated prior to any processing.	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
<b>15 November 1967</b>	<b>Max Hart</b>


**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>13 Oct 1965</b>																						
2. NAME (Last, First, Middle) ██████████		3. POSITION TITLE <b>Ops Officer</b>																						
4. OFFICE, DIVISION, BRANCH <b>OP/RS/120</b>		5. EMPLOYEE'S EXT. <b>559</b>																						
7. PURPOSE OF EVALUATION																								
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>██████████ (Mother)</b> 6 June 1893</td> <td style="width: 50%;"><input type="checkbox"/> HDQS/TDY</td> </tr> <tr> <td><b>██████████ (Wife)</b> 4 Sept 1929</td> <td><input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT</td> </tr> <tr> <td><b>██████████ (Son)</b> 19 Apr 1958</td> <td rowspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCY</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table> </td> </tr> <tr> <td><b>██████████ (Son)</b> 16 Nov 1959</td> <td></td> </tr> <tr> <td><b>██████████ (Daughter)</b> 13 Jul 1963</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> RETURN FROM OVERSEAS</td> </tr> <tr> <td></td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table> </td> </tr> </table>	<b>██████████ (Mother)</b> 6 June 1893	<input type="checkbox"/> HDQS/TDY	<b>██████████ (Wife)</b> 4 Sept 1929	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT	<b>██████████ (Son)</b> 19 Apr 1958	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCY</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>	ETA	STATION	TDY OR PCY	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	<b>██████████ (Son)</b> 16 Nov 1959		<b>██████████ (Daughter)</b> 13 Jul 1963			<input type="checkbox"/> RETURN FROM OVERSEAS		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>	ETA	STATION	NO. OF DEP.'S
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ETA																								
STATION																								
NO. OF DEP.'S																								
4. OVERSEAS PLANNING EVALUATION (One block must be checked) <input type="checkbox"/> YES <input type="checkbox"/> NO		5. REQUESTING OFFICER SIGNATURE _____ ROOM NO. & BUILDING _____ EXT. _____																						
10. COMMENTS <p><b>SPECIFIC IS NOT INDICED.</b></p> <p><b>BY OP's will be forwarded as soon as received.</b></p> <p><b>██████████, Mother and wife - 3 Nov at 9 a.m. Children - 2 Nov at 1 p.m.</b></p> <p align="center"><b>REX HART</b></p>																								
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF																						

SECRET  
(When Filled In)

*Seh... ..*

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST												
2. NAME (Last, First, Middle) <i>Coulier, Lucien</i>	3. POSITION TITLE	4. GRADE												
5. OFFICE, DIVISION, BRANCH <i>CA Staff</i>		6. EMPLOYEE'S EXT.												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TOY	<input type="checkbox"/> OVERSEAS ASSIGNMENT												
<input type="checkbox"/> ENTRANCE ON DUTY	<table border="1"><tr><td>ETD</td><td><i>1 NOV 1961</i></td></tr><tr><td>STATION</td><td><i>FE Area</i></td></tr><tr><td>TOY OFFICE</td><td><i>PCS</i></td></tr><tr><td>TYPE OF COVER</td><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td></td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED</td><td></td></tr></table>		ETD	<i>1 NOV 1961</i>	STATION	<i>FE Area</i>	TOY OFFICE	<i>PCS</i>	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED	
ETD	<i>1 NOV 1961</i>													
STATION	<i>FE Area</i>													
TOY OFFICE	<i>PCS</i>													
TYPE OF COVER														
NO. OF DEPENDENTS TO ACCOMPANY														
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED														
<input type="checkbox"/> TOY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS	<table border="1"><tr><td>SEA</td><td></td></tr><tr><td>STATION</td><td></td></tr><tr><td>NO. OF DEPTS</td><td></td></tr></table>	SEA		STATION		NO. OF DEPTS							
SEA														
STATION														
NO. OF DEPTS														
<input type="checkbox"/> SPECIAL TRAINING														
<input type="checkbox"/> ANNUAL														
<input type="checkbox"/> RETURN TO DUTY														
<input type="checkbox"/> FITNESS FOR DUTY														
<input type="checkbox"/> MEDICAL RETIREMENT														
8. OVERSEAS PLANNING EVALUATION (this block must be checked)														
<input type="checkbox"/> YES														
<input type="checkbox"/> NO														
	ROOM NO. & BUILDING <i>1410 K D</i>	EXT.												

10. COMMENTS	
<i>COPIES FOR PERSONNEL RECORD</i>	
11. REPORT OF EVALUATION <i>REPORT IS SUBJECTIVE AND NOT TO BE USED FOR PCS</i>	
DATE <i>15 NOV 1961</i>	SIGNATURE FOR CHIEF OF MEDICAL STAFF 

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) Conlon, Lucien B. 3. OFFICE, DIVISION, BRANCH DDI/EC/VNO		4. POSITION TITLE Career Agent 5. EMPLOYER'S CAT 10-14						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED</td></tr></table>	ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED
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STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED								
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY	<input checked="" type="checkbox"/> RETURN FROM OVERSEAS and complete evaluation							
<input type="checkbox"/> SPECIAL TRAINING	ETA Mid August 1967							
<input type="checkbox"/> ANNUAL	STATION Vietnam							
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS							
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. RECOMMENDATION								
9. RECOMMENDATION OFFICER								

RE: SAIGON 9663 (IN 17446)  
Please schedule Physical on 14th and 15th of August 1967

10. COMMENTS

51-22

SECRET

5136

(11)

MEDICAL ACTION REQUEST AND REPORT			
1. REQUEST FOR PHYSICAL EXAMINATION BY PERSONNEL DIVISION ( <input type="checkbox"/> SECRET <input type="checkbox"/> COVERT) ( <input type="checkbox"/> ISM <input type="checkbox"/> CPR)			
2. NAME (LAST)		3. DATE	
CONEIN, LUCIEN EMILE		5-12-54	
4. TO POSITION		5. OFFICE, DIVISION, BRANCH	
I.O.		DDP/FE 4	
6. TYPE OF POSITION		7. EVALUATE FOR	
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas		<input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special (specify)	
8. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input checked="" type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
Remarks: Full duty/General (5-27-54)			
SECRET			

SECRET

WITHIN-GRADE PROMOTION FOR CONTRACT EMPLOYEES  
(If provided for in Contract)

CORBIN, LUCIEN E. FE 13 Mar 67  
EMPLOYER'S NAME COMPONENT DATE

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN  
ACCEPTABLE LEVEL OF COMPETENCE.

RATER

NOTED:

Contact Personnel Division

Present Compensation Rate \$16,675, GS-14/4 Equiv Effective Date 25 Apr 65  
New Compensation Rate \$17,198, GS-15/5 Equiv Effective Date 23 Apr 67

SECRET



CONFIDENTIAL

U.S. GOVERNMENT PRINTING OFFICE: 1960-888043

1. Agency and organizational designation /KE					2. Payroll period		3. Block No.		4. Slip No.			
5. Employee's name (and social security account number when appropriate) CAREER AGENT					6. Grade and salary \$16,675							
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							11. Appropriation(s)		12. Prepared by jlv 11 Jan 67			
									13. Audited by			
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
14. Effective date 23 Apr 67	15. Date last equivalent increase 25 Apr 65	16. Old salary rate \$16,675	17. New salary rate \$17,198	18. Performance rating is satisfactory or better.								
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s): Period(s): <input checked="" type="checkbox"/> No excess LWOP    Total excess LWOP _____												
(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.												
STANDARD FORM NO. 1126 6 GAO 8006 1126-109												
CONFIDENTIAL, PAYROLL CHANGE SLIP—PAYROLL COPY												

SECRET  
(When Filled In)

11/15/65  
1000000000

TRAINING REPORT - LANGUAGE				COURSE TITLE		
INSTRUCTOR			PROGRAM Daytime - Full-time			
NO. OF STUDENTS 21		NO. OF HOURS 800		DATE OF COURSE 01/04/65 - 03/11/65		
STUDENT						
NAME <del>XXXXXXXXXX</del>		YOB 19	EDD DATE	OFFICE VII	GS 12	SD D
<i>(See reverse side for definitions of proficiency levels)</i>						
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING			INSTRUCTORS ESTIMATE		OFFICIAL TEST	
BEFORE		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH
	READING	X				
	WRITING	X				
	PRONUNCIATION	X				
	SPEAKING	X				
	UNDERSTANDING	X				
LANGUAGE TRAINING OBJECTIVES AND METHODS						
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>						
PERFORMANCE EVALUATION						
	UNSATISFACTORY	SATISFACTORY		EXCELLENT		
ACHIEVEMENT		X				
ATTITUDE		X				
ATTENDANCE		X				
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING			INSTRUCTORS ESTIMATE		OFFICIAL TEST	
AFTER		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH
	READING		X			
	WRITING		X			
	PRONUNCIATION			X		
	SPEAKING		X			
	UNDERSTANDING			X		
Foreign Language Aptitude Code: None.						
FOR THE DIRECTOR OF TRAINING:			<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>		15 Dec 65 DATE	

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 1 August 1965, said contract is amended by adding the following paragraph thereto:

Your eligibility and participation in this organization's Rest and Recuperation Program is herein authorized in accordance with rules and regulations applicable to Government appointed employees.

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY

[Redacted]

SECRET

Group 1 - Excluded from automatic declassification and classification

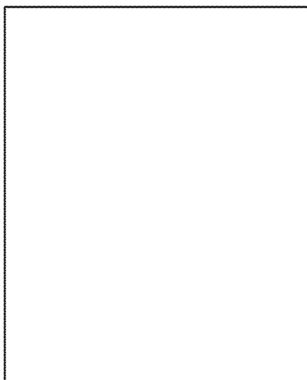
*[Handwritten signature]*  
28 11 1965

17 NOVEMBER 1965

**MEMORANDUM FOR:** Contract Personnel Division,  
Office of personnel

**SUBJECT:** R R R for Contract Employees

Please amend the contracts of the following GOC Contract Personnel to provide for participation in the Saigon Station Rest and Recuperation Program. This amendment should be made effective as of 1 August 1965.



William H. Cobby,  
Chief, Far East Division

Coordination:

WOC/PMS

INDEX:  YES  NO

CLASSIFY TO FILE NO. \_\_\_\_\_ CLASSIFIED MESSAGE **B** TOTAL COPIES **19**

X-REP TO FILE NO. \_\_\_\_\_

FILE RID  RET. TO BRANCH

DESTROY  SIG. \_\_\_\_\_

FROM **K/3**

**SECRET**

PERSON/UNIT NOTIFIED \_\_\_\_\_

REPRODUCTION PROHIBITED	
1	0
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3	0
4	0

ACTION: **FE 8**  RID COPY  ISSUED  SLOTTED  TUBED

ADVANCE COPY \_\_\_\_\_ UNIT \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

INFO: **FILE, IR, CCS 3, CSLS, OF 2, OF 2**

*Car lot*  
**SECRET 270916Z 017E SAIGON 9831**

**27 Jul 1989**

**PRIORITY HONG KONG INFO DIRECTOR**

**MR. [REDACTED] DEPARTING SAIGON PCS TO HQS**

**ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS  
 AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO  
 HQS.**

**SECRET**

**SECRET**

**BT**

**NNN**

5 OCT 1965

**MEMORANDUM FOR:** Chief, Contract Personnel Division/CP

**SUBJECT:** [Redacted]  
Transfer to FE Division

[Redacted] Career Agent, transferred from WH  
Division to FE Division effective 20 August 1965. Please  
change subject's allotment number to 6137-1487, Saigon Station.

[Redacted]  
Joseph W. Smith  
AC/FE Division

Concur:

\_\_\_\_\_  
C/CP/CP

\_\_\_\_\_  
John

*Smith*

PAYROLL CHANGE DATA										815,150	
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOARD	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											

10. Remarks: I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

11. Effective date: 17 Jan 65

12. Audited by:

14. Effective date: 25 Jan 65

15. Date last equivalent increase: 24 Apr 65

16. Old salary rate: 815,150

17. New salary rate: 815,610

18. Performance rating is satisfactory or better.

19. LWOP date (fill in appropriate spaces covering LWOP during following periods):

20. No excess LWOP. Total excess LWOP:

Signature or other authentication: \_\_\_\_\_

(Check appropriate box in case of excess LWOP)

No pay rates at end of waiting period.

In LWOP status at end of waiting period.

Initials of Clerk: \_\_\_\_\_

STANDARD FORM NO. 1136B  
GSA GEN. REG. NO. 27

CONFIDENTIAL PAYROLL CHANGE SLIP

4 March 1965

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: [Redacted] Reassignment

In conjunction with the reassignment of [Redacted] Career Agent, from PM Division to MH Division, all salary and allowances are to be charged to Allocation 3135-1141 effective 17 January 1965.

Chief, Finance Division  
Northern Hemisphere Division

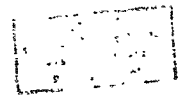
CONCERN:

[Redacted]

PM Division

13-02 Panel

Contract Personnel Division



SECRET

25 November 1964

MEMORANDUM FOR: Chief, Personnel Operations Division  
FROM : Executive Secretary, Honor and Merit Awards Board  
SUBJECT : Custody of the Honor Award presented to  
Mr.

Due to security restrictions, the Honor and Merit Awards Board is acting as custodian of the Honor Award and related papers listed below: Intelligence Star  
Intelligence Star Certificate

When security restrictions no longer prevail, the awardee may obtain his award by calling the Secretariat.

Distribution:

- Orig. - Subject's CPP
- 1 - Subject's Division Chief
- 1 - HMAB Case File

SECRET



**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
COLEMAN, LUCIEN E.				M	GS-14	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
OIS OFFICER			DDP/FE/VIC		Saigon	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to-)			
			1 April 1964 - 10 September 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
SPECIFIC DUTY NO. 1					RATING LETTER	
Maintains, under supervision of the COS, [redacted]					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
Senior advisor in the selection, training, maintenance and operation of the Prime Minister's personal security force.					S	
SPECIFIC DUTY NO. 3					RATING LETTER	
[redacted]					S	
SPECIFIC DUTY NO. 4					RATING LETTER	
[redacted]					O	
SPECIFIC DUTY NO. 5					RATING LETTER	
[redacted]						
SPECIFIC DUTY NO. 6					RATING LETTER	
[redacted]						
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, tenacity of effort, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER	
					S	

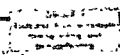
**SECRET**

(When Filled In)

SECTION C	NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
<p>He has had long experience in this area, and uses his understanding of it to great effect. He works very well independently and has shown considerable initiative. He balks at no assignment, and carries out all assignments without regard for his personal convenience, safety, or well being. In the field of written expression this officer's performance falls somewhat short, but he has made strenuous efforts to improve in this sector with some success. All in all, he is an imaginative and dedicated officer who can be counted on to discharge his duties with high effectiveness and total personal commitment. It has been a pleasure to have had him at the Station.</p>		
<p>SECTION OF THE REPORT IS THE PROPERTY OF THE STATION AND IS TO BE RETURNED TO THE STATION ON THE DATE INDICATED ON THE REPORT. IT IS NOT TO BE REPRODUCED OR DISTRIBUTED OUTSIDE THE STATION.</p>		
SECTION D	CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	/s/ Lucien E. Conain	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
<del>XXXXXXXXXX</del>		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
10 September 64	COB	/s/ Peter J. Conain
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
[REDACTED]				M	GS-14		
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				DDP/FE/VNC		Saigon	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE		TEMPORARY		INITIAL	
CAREER-PROVISIONAL (See Instructions - Section C)				X ANNUAL		REASSIGNMENT SUPERVISOR	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to-)			
				1 April 63 - 31 March 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Maintains, under supervision of the COS, [REDACTED]						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
[REDACTED]						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
[REDACTED]						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
[REDACTED]						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
[REDACTED]						[REDACTED]	
SPECIFIC DUTY NO. 6						RATING LETTER	
[REDACTED]						[REDACTED]	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperative work, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	



SECRET  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give <del>any</del> <sup>adequate</sup> foundations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties described, if applicable.</p>			
<p>Subject is a virtual walking encyclopedia on the history, customs and senior personalities of Vietnam. He has been associated with this area on and off over the period of the last 10 years. During this time he has developed lasting friendships with many individuals who are now in high positions of power within the government.</p>			
<p>On the negative side, his written and oral presentation, while showing some improvement over the previous report, still needs additional improvement. He has no supervisory responsibilities at the present time and therefore is not rated on that score. He exhibits a good sense of cost consciousness in utilization of man power, materiel and funds.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	/s/ [Redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
	DCOS	/s/ David R. Smith	
1. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Only his difficulty in expressing himself in writing prevents this officer from being rated "Outstanding". He is a calm and detached professional who at the same time is intimately caught up in his work and in the many important contacts he has on the local scene. His very valuable role could not be performed by anyone else at this Station, nor to my knowledge, by anyone else in the organization at the present time. He is a highly valued member of the Station.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
	COS	/s/ Peer de Silva	

SECRET

Transmitted VIA FYVT 8  
 Dated 27 February 1963

SECRET  
 (When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER
<b>SECTION A GENERAL</b>						
1. NAME (Last)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SO
[REDACTED]		29 Nov 19		M	Equiv	
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			8. CURRENT STATION	
Ops Officer					S.igon Station	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR
		Career Agent				<input type="checkbox"/> REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)		
28 February 1963				3 January 1962-31 December 1962		
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
[REDACTED]						S
[REDACTED]						S
[REDACTED]						S
[REDACTED]						S
SPECIFIC DUTY NO. 4						RATING LETTER
[REDACTED]						S
SPECIFIC DUTY NO. 5						RATING LETTER
Station senior area and language expert deriving from approximately seventeen years residence in and study of Indochina.						O
SPECIFIC DUTY NO. 6						RATING LETTER
Conducts liaison with U.S. Special Forces and acts as honorary Executive Officer, Special Forces Command, Vietnam.						P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
						S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject is one of the outstanding American experts on current day Vietnam. He has lived and traveled in the area for a number of years and has continued a study of the area while absent from it. Many of the current senior officers up to the general staff level were formerly Subject's subordinates and regard him as a friend and colleague whom they trust and in whom they will confide.</p>			
<p>Subject's ability to express himself in writing, while adequate, can stand improvement. He is evidently sincerely attempting to remedy this and some progress is noticeable. Overall, Subject is a distinct asset to the Station and we are particularly pleased to have him. Subject is a career agent and an amendment of his contract to reflect a promotion to the next higher equivalent grade is recommended.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
25 February 1963	/s/ Lucien E. Conain		
2. BY SUPERVISOR			
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
25 February 1963	LCOS	/s/ David R. Smith	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL: I concur in the rating given above to Subject who has proved himself invaluable to the Station and to the front office in terms of his thorough knowledge of the Vietnamese scene, of Vietnamese personalities, and of the many issues involved here. I have personally leaned heavily on his judgment and advice. Our high appraisal of Subject is shared by the Ambassador and by the Deputy Chief of Mission. I have found that Subject works in a discipline manner and functions cooperatively with other members of the Station. He has made very definite progress as a staff officer and in applying himself to the paper work which goes with that responsibility. I personally initiated the recommendation that Subject be promoted in Agency grade as well as in U.S. Army rank, mentioned in Section C, above.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 February 1963	COS	/s/ John E. Richardson	

SECRET

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-588488

1. Agency and organizational designations <b>DDP/FE</b>				2. Payroll period		3. Block No.		4. Slip No.					
5. Employee's name (and social security account number when appropriate) <b>CAREER AGENT</b>				6. Grade and salary <b>\$14,065</b>									
PAYROLL CHANGE DATA													
	BASE PAY	OVERTIME		GROSS PAY	REF.	FEDERAL TAX	BOND	P. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS		NET PAY
7. Previous normal													
8. New normal													
9. Pay this period													
10. Remarks <b>CERTIFY THAT THE WORK OF THE ABOVE ANMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</b>						11. Appropriations		12. Prepared by <b>jlw 15 Jan 64</b>					
								13. Audited by					
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase													
14. Effective date <b>26 Apr 64</b>		15. Date last equivalent increase <b>28 Apr 63</b>		16. Old salary rate <b>\$11,065</b>		17. New salary rate <b>\$14,515</b>		18. Performance rating is satisfactory or					
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s))										<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____			
										<input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.			
										Initials of Clerk			
STANDARD FORM NO. 1126d 4 GAO 6008 1126-508				<b>CONFIDENTIAL</b>						PAYROLL CHANGE SLIP — PERSONNEL COPY			

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 12 November 1961.

Effective 25 April 1963 said contract is amended by revising the first sentence of paragraph three (3) entitled "Compensation and Taxes" to read as follows:

"For your services as a Career Agent you will be compensated at a basic salary of \$13,276 per annum, the equivalent of a GS-142."

All other terms and conditions of the contract remain in full force and effect.

UNITED STATES GOVERNMENT

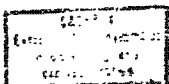
BY \_\_\_\_\_  
Contracting Officer

LHL/St 10 May 63

CA/PMQ

C.A.

SECRET





CONFIDENTIAL

25 APR 1963

MEMORANDUM FOR: CSPO/Career Agent Panel

SUBJECT: ~~██████████~~, Salary Increase  
██████████

1. It is requested that Mr. ~~██████████~~'s contract with this Agency as a Career Agent be amended to reflect a salary increase to the equivalent of a GS-14. His present salary is equal to a GS-13(4), \$12,245; the increase is computed to be the equivalent of GS-14(2), \$13,270.

2. Mr. ~~██████████~~ who is contracted by the Agency under the ZRTEMEL program, is presently assigned to the Saigon Station where he functions as the Station paramilitary staff officer, senior advisor on the major counterinsurgency programs. His extensive background and experience in Vietnam has made him a particularly valuable officer and asset to the Station. His overall performance is evaluated in his Fitness Report as strong. The Chief of Station, Saigon, has recommended that Mr. ~~██████████~~ be given a promotion to the GS-14 equivalent and the Acting Chief, SOD, concurs.

3. The amendment should be effective with the next pay period.

*W. F. Collins*  
William F. Collins  
Chief, Far East Division

Approved by CSPO/Career Agent Panel

(Date): 7 May 1963

██████████  
Secretary, CSPO

CONFIDENTIAL

SECRET

17 NOV 1961

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : [REDACTED]

[REDACTED]  
Therefore, FE Division is responsible for completing the final details of his processing:

[REDACTED]

2. [REDACTED] will be paid by FE Division, allotment number [REDACTED], and FE Division will be administratively responsible for welfare during his tour of duty with that division. It is requested that regular annual fitness reports be forwarded to CA Staff for [REDACTED]. It is further requested that CA Staff be advised of any action taken which will affect [REDACTED]'s career with the Agency as a member of project ZRJEWEI, including any amendments to the present contract.

3. After [REDACTED] completes his tour of duty with FE Division he will return to project ZRJEWEI, and all administrative responsibility will then be transferred from FE back to CA Staff.

4. [REDACTED] received a full security clearance on 12 October 1961, and medical approval for PCS Saigon, 15 November 1961.

[REDACTED]  
Chief, Support Group, CA Staff

CONCUR:

[REDACTED]  
Chief, FE Support

(Date)

SECRET

SECRET

Mr.

Dear

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

2.

3. Compensation and Taxes. For your services as a Career Agent, you will be compensated at a basic salary of \$11,415 per annum. You will be entitled to a post differential in conformance with applicable Government regulations. In addition, you will be entitled to within-grade promotions and Legislative pay adjustments in substantial conformance with rules and regulations applicable to Government appointed personnel. Payments will be made as directed by you in writing in a manner acceptable to the Government. Monies paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

4. Allowances. You will be entitled to: (a) Living quarters allowances in conformance with applicable Government regulations. You may be provided quarters by your cover facility or the Government and, in such event, you will not be entitled to the living quarters allowances herein indicated.

(b) Cost of living allowances in conformance with applicable Government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a home service transfer allowance, an education allowance and a separation allowance.

5. Travel. You will be advanced or reimbursed funds for travel and transportation expenses for you, your dependents, your household effects and your personal automobile to and from your permanent post of assignment, and for you alone for authorized operational travel. In addition, you will be entitled to storage of such household and personal effects as are not shipped

SECRET

SECRET

in conformance with applicable Government regulations. You will be entitled to per diem in lieu of subsistence in the course of all travel performed hereunder, and when authorized, for you alone while on temporary duty away from your permanent post of assignment. In addition, you will be entitled to reimbursement in accordance with standardized Government rates for the authorized official use of your private automobile. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

6. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government. Such funds will be subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

7. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

8. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to sick, annual and home leave (including travel expenses incident thereto) equal to and subject to the same rules and regulations applicable to Government appointed employees. Annual leave may only be taken at times and places approved in advance by appropriate Government representatives.

(d) From the salary paid pursuant to this contract there shall be deducted the appropriate rate percentage (presently 6 1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security, such contributions will be at your expense and you will not be reimbursed therefor by the Government.

(e) (1) This organization is authorized to pay the cost of necessary hospitalization and related travel expenses for illness or injury incurred by the U. S. citizen full-time Career Agent in the line of duty while permanently assigned abroad.

(2) This organization may pay certain necessary costs of hospitalization and related travel expenses for illness or injury incurred by the dependents of a U. S. citizen full-time Career Agent permanently assigned abroad, while they are located abroad.

SECRET

It is understood and agreed that the eligibility and extent of the participation by you and your dependents in the above medical programs will be in conformance with the rules, regulations and policies of this organization in effect at the time an illness or injury is incurred, that all claims will be submitted only to this organization and that adjudication of such claims by this organization shall be final and conclusive.

(f) You are herein authorized to apply for enrollment in a health insurance program for certain selected Career Agents in this organization, subject to all the terms and conditions of that program. If accepted, this organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

9. [Redacted]

10. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

13. [Redacted]

SECRET

14. Term. This contract is effective as of 12<sup>th</sup> Nov-61, and shall continue thereafter for an indefinite period unless sooner terminated:

(a) Upon ninety (90) days' actual notice by either party hereto, or

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

(c) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. In the event of voluntary termination on your part or termination for cause by the Government prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel expense to the United States. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

\_\_\_\_\_  
Arthur R. Schwiegrath

WITNESS:

APPROVED:

*(Signature)*  
*en/mc*

SECRET

CONTRACT INFORMATION AND CHECK LIST				CLASSIFICATION	DATE								
<small>(Instructions) Use Form 1000 and DA Form 1000-1 for guidance. Complete all items including "A" when items are not applicable. Forward original and two copies for preparation of contract.</small>				CA 100	16 October 1961								
<small>1. NAME (Last, first, middle initial)</small> <small>2. GRADE</small>				TELEPHONE EXTENSION 1611									
GENERAL													
<small>1. NAME (Last, first, middle initial)</small> <small>2. GRADE</small>		<small>2A. PROJECT</small> ZREJWEL	<small>3. ALLOTMENT NO.</small>	<small>4. SLOT NO.</small>									
		<small>2B. PERMANENT STATION</small> Unknown	<small>3A. FUNDS</small> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3										
<small>5. PREVIOUS CIA PSEUDONYM OR ALIASES</small>		<small>6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. (If yes, describe and include dates and salary.)</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
		Military detailee - Maj. USA - July 1943 - 15 Oct. 1946											
<small>7. SECURITY CLEARANCE (Type and date)</small> Type "A" requested 21 Sept. 61		<small>7A. MEDICAL CLEARANCE</small> <input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	<small>8. CONTRACT IS TO BE WRITTEN IN STANDARD FORM I.E., "U.S. GOVERNMENT"</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
<small>9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		<small>10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)</small> Career Agent <input checked="" type="checkbox"/>											
SECTION III PERSONAL DATA													
<small>11. CITIZENSHIP</small> U.S.		<small>12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	<small>13. AGE</small> 41	<small>14. DATE OF BIRTH (Month, day, year)</small> 29 Nov. 1919									
<small>15. LEGAL RESIDENCE (City and state or country)</small> Kansas City, Kansas			<small>16. CURRENT RESIDENCE (City and state or country)</small> McLean, Virginia										
<small>17. MARITAL STATUS (Check as appropriate)</small> <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED													
<small>18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:</small> Wife - Elyette B. - 30 Son - Laurent P. - 3 1/2 Son - Philippe J. - 2 Son - Charles - 11 (with former wife)			<small>19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
SECTION IIII U.S. MILITARY STATUS													
<small>20. RESERVE</small> Retired Reserve		<small>21. VETERAN</small> Yes	<small>22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)</small> Retired Reserve - 30 Sept. 1961										
<small>23. BRANCH OF SERVICE</small> US Army		<small>24. RANK OR GRADE</small> Lt. Col.	<small>25. DRAFT DEFERMENT OBTAINED BY CIA</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
SECTION IV COMPENSATION													
<small>27. BASIC SALARY</small> \$11,415		<small>28. POST DIFFERENTIAL</small> Yes	<small>29. COVER (Breakdown, if any)</small> To be established		<small>30. FEDERAL TAX WITHHOLDING</small> <table border="1"> <tr> <th colspan="2">COVER</th> <th colspan="2">CIA</th> </tr> <tr> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> </tr> </table>	COVER		CIA		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
COVER		CIA											
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO										
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)													
<small>31. STARTING</small> Yes		<small>32. POST</small> Yes	<small>33. OTHER</small> Transfer, home service transfer, education, separation when applicable.										
<small>34. COVER (Breakdown, if any)</small> To be established													
SECTION VI TRAVEL													
<small>35. TRAVEL</small> <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL				<small>36. BIRTH (Month, day, year)</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
<small>37. AIR TO BE SHIPPED</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<small>37A. HME TO BE SHIPPED</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<small>37B. PERSONAL VEHICLE TO BE SHIPPED</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<small>38. TRAVELER'S STATUS (If not U.S. citizen, indicate status)</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
<small>39. IF BIRTH DEPENDENT'S STATUS, RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH</small> Wife - US - 32 - 4 Sept. 1929 Son - US - 3 1/2 - 19 Apr. 1958 Son - US - 2 - 16 Nov. 1959													
<small>40. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH CIA REGULATIONS</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
SECTION VII OPERATIONAL													
<small>41. PURCHASE OF INFORMATION</small> Where applicable			<small>42. ENTERTAINMENT</small> Where applicable										
<small>43. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH CIA REGULATIONS</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													

TRANSMITTAL SLIP		DATE
		15 Oct 61
ROOM NO.	BUILDING	
REMARKS		
For Armstrong requests you go ahead in clearance in advance of your approval (which he is working on) A staff wants to sign up Subject to Nov. Security approval area granted in Oct 61		
FROM:		

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		CASE OFFICER  TELEPHONE EXTENSION <b>4611</b>	OFFICE IN <b>CA/TNG</b>  DATE <b>10 October 1961</b>
WITH REF INSTRUCTIONS ON FIRST SHEET			
SECTION VIII		OTHER BENEFITS	
46. BENEFITS (See R 20-815, R 20-820, P 20-870, R 20-1000, and HR 20-820-1, HR 20-1000-1 and all successor regulations for benefits applicable to various categories of contract personnel.)			
<input checked="" type="checkbox"/> FECA <input checked="" type="checkbox"/> Missing Persons Act <input checked="" type="checkbox"/> Sick and Annual Leave <input checked="" type="checkbox"/> Civil Service Retirement <input checked="" type="checkbox"/> Life & Hospitalization Insurance <input checked="" type="checkbox"/> Overtime <input checked="" type="checkbox"/> Periodic Step Increases		<input checked="" type="checkbox"/> Legislative Pay Adjustments.	
SECTION IX		COVER ACTIVITY	
47. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> CULTURAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			
SECTION X		OFFSET OF INCOME	
50. OFFSET OF INCOME AND OTHER ENOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			
SECTION XI		TERM	
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE	
DAYS: _____ MONTHS: _____ YEARS: <input checked="" type="checkbox"/>	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
54. TERMINATION NOTICE (Number of days) <b>90 days</b>		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION XII		FUNCTION	
56. PRIMARY FUNCTION (CI, FI, PP, other) <b>Paramilitary Operations</b>			
SECTION XIII		DUTIES	
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED  <b>Paramilitary Specialist</b>			
SECTION XIV		QUALIFICATIONS	
58. EXPERIENCE  <b>Sept. 41-1 Oct. 1961 - US Army - Parachute; infantry - c/MIL. Liaison Group AQMISH/MAAG, Teheran; Asst. Chief of Staff for Intelligence - Special Forces Btn. Cdr. - 3 years</b> <b>(July 1943 - Oct. 1946 - CIA and predecessor organizations - had all Agency FM training)</b>			
59. EDUCATION (Check highest level attained)	60. LANGUAGE COMPETENCY (Check appropriate degree competency)	61. KNOWLEDGE OF COUNTRIES OF ORIGIN	
<input checked="" type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> UNIVERSITY	<input checked="" type="checkbox"/> COMMUNAL (no degree) <input type="checkbox"/> COMMUNAL (degree) <input type="checkbox"/> UNIVERSITY (no degree) <input type="checkbox"/> UNIVERSITY (degree)	LANGUAGES: _____ PEAK: _____ GRATE: _____ READ: _____ WRITING: _____ OTHER: _____ <b>French    X    X    X    Paris, France</b>	
62. AREA KNOWLEDGE  _____			
SECTION XV		EMPLOYMENT PRIOR TO CIA	
63. GIVE INCLUSIVE DATES, POSITION TITLE, PAY SCALE, SALARY AND REASON FOR LEAVING  <b>22 Sept. 1941 - 1 Oct. 1941 - US Army Pvt. - Lt. Col.</b>			
SECTION XVI		ADDITIONAL INFORMATION	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, QUALIFICATIONS OR EXPERIENCES (Use other side if necessary)			
DATE		SIGNED AND SIGNATURE OF CONTRACTOR CREATOR	
		<b>7-10-61</b> <b>Charles J. ...</b>	
		SIGNED AND SIGNATURE OF CONTRACTOR	



TRAINING EVALUATION REPORT 435

NAME		Lucian E. Coleman	
PROJECTED PERSONNEL OFFICE		Personnel Training Personnel	
FROM:		D.O. Major USA. SE Pennington	
TO:		T.O. Major USA. SE Washington	
COURSE	EVAL.		
BIC (CS)		also BIC, BITC, SOC, BIP, DDC/	
BIP II	51	also BIC	
BIP III	51	also AIC, AIFC, AOC, CAI	
BIP IV			
RO		also PM I, II, III; RAFF/	
ITC		also CI Tech/	
Adm'n			
BIC	51		
<b>REMARKS</b>			
SUP		Subject has completed training as shown at the left.	
CFA		FI/OPS training comments that:	
Rpts	<input checked="" type="checkbox"/>	a. this (does-not) meet minimum training standards re qualification for the projected action.	
OB			
OSC (CE)	<input type="checkbox"/>	b. Subject currently enrolled in courses shown in red, the completion of which will satisfy minimum standards.	
EAE			
CPW			
CPA	<input checked="" type="checkbox"/>	c. Subject, unless (no other) has had eq. field or other experience which is accepted in lieu of training, should be required to take the following (qualifying/refreshing) training.	
CPO			
STB			
CEW			
IT			
GW			
SAB			
AO			
MO			
SUR			
BFOT			
DOC			
LOCKS			
S/W			
F&S	<input type="checkbox"/>	d. Subject's division advised of these recommendations. (Agree-Disagree)	
SAF			

PHS:TH  
P:MR

FORM NO. 59-77 APR 1953 SECRET (48)

12 November 1953

MEMORANDUM FOR: Personnel Officer, [redacted] Officer  
 FROM : FI Career Management Officer  
 SUBJECT : Personnel Action On COLEMAN, Lucian E.

1. The FI Career Service Board has (approved - disapproved) the personnel action of (promotion - reassignment - ) of subject. The FI Training Officer has recommended that subject be scheduled for additional training in order to satisfy the requirements of the proposed personnel action. The following training program has been recommended.

2. Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the FI Training Officer.

Phase TT

Lucien Edle Coasta

38

11 May 1944

Saigon Liaison  
KREAIK Area Ops.  
Officer

78

*Saigon Liaison  
(Kreaiak)*

Major Kirby

ED-45

Ops. Group "A" (equivalent to Phase #2)  
SIC, CAI  
ca

*ED-45 Special*

British Airborne School Nov 1943 - Mar 1944, FIS (Fort Raming Inf Sch. CCA  
Wyandotte S. S. 1934 - 1936, University of Maryland (European Branch) Apr-Jul/  
1943

French Speak, Good Write Excellent

1935 - 1940 Printing - Proofman and Typesetter - F. B. Dunaway Employer  
1940 U.S. Army Captain, Infantry Duties Intelligence

Jul 43 to Nov 43	Cmd Platoon Leader Ops Co.	1st Lt. Overman
Nov 43 to Dec 43	Cmd Platoon (Special Mission to France)	1st Lt. Overman
Dec 43 to Dec 43	Cmd Special Mission France-Indochina	Captain Overman
Jan 44 to Jan 44	Cmd Mission to Germany, Disposed	Major Overman
May 44 to May 44	Chief of Warburg Operations	Major Overman
May 44 to Oct 44	Operations Officer Warburg Ops Base	Major Overman
Oct 44 to present	Intel Officer - FI	SGT/1 Albanian Br. Washington, Md.

[Redacted] 71-4 [Redacted] 202

[Redacted] 71-4 [Redacted]

SECRET

CUMULATIVE TRAINING RECORD

D. M. 1 June 1954

NAME Lucien E. Conain

PROJECTED PERSONNEL ACTION: PROMOTION, ROTATION, REASSIGNMENT, TRAVEL, OTHER (Specify)

FROM: I.O. Maj. USA SZ/Wash.

TO: Area Ops Off. Maj. USA/FE/Indochina AOS

Table with columns: X, COURSE, DATE TAKEN, OTHER TRAINING COURSES, DATE TAKEN. Includes entries like BIC(CS), BIC, BITC, SUC, BTP, etc.

REMARKS: 1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED... STAFF TRAINING OFFICE COMMENTS: A. THIS DOES DOES NOT MEET MINIMUM TRAINING STANDARDS...

TO: Personnel Officer,

FROM: Career Management Officer

The above projected personnel action has been [ ] approved [ ] disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.

Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY	
NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-D)	NAME OF SUPERVISOR (Last)	DATE (from item 5-2)
Conein, Lucien E.	6 Jan 67		21 Jan 67
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
8 February 1967	FVST-14709		
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE
29 Nov 19	C/A	ROIC, Bien Hoa GS-14.	Vietnam
5. DATE OF PCS ARRIVAL IN FIELD	6. REQUESTED DATE OF DEPARTURE	7. EXPECTED DATE OF FIRST CHECK-IN AT HQ	8. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
29 Sept 1965	July 1968	15 Aug 1968.	1 Sept 1968
9. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:			
Mother - 76		Sons - 8 and 9	
Wife - 38		Daughter - 5	
10. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:			
Desire serve in a Post with family.			
11. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (Also attach personal cover questionnaire in accordance with TST-F 240-8)			
Special assignment to Lansdale group, U.S. Embassy, Vietnam. COD Provincial Officer, Bien Hoa. Advised, financed, supplied Revolutionary Development Cadres, Census Grievance, and Provincial Reconnaissance Units. ROIC, Bien Hoa Region, consisting of eleven Provinces. Supervise 27 U.S. personnel assigned to OB and COD duties in the Provinces. Admin supervision of finance, supplies, and commo. Supervise the intel collection activities of all programs in the Region. Reporting significant information to the appropriate Divisions of the Vietnam Station. Maintaining liaison with key U.S. and Vietnamese officials in the Region.			
12. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS			
Language training - desire short course in the local language of next assignment.			

FORM 202 (REV. 1-67)

SECRET

141

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

**Desire assignment commensurate with past training and experience.**

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS, IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- EXTEND TOUR 16 months MONTHS AT CURRENT STATION TO July 1968 (date)
- BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- BE ASSIGNED North Africa ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE North Africa 2ND CHOICE South America 3RD CHOICE Europe
- RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

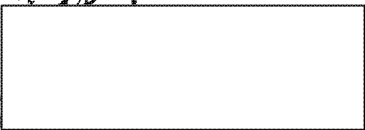
12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

**Strongly concur in this officer's request for extension.  
COS personally suggested such action to him.**

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

**FE Division concurs in Mr. Conain's 16-month extension to July 1968.  
FE is notifying Subject by dispatch, subject to S.D. concurrence.**

DATE 16 Feb 67 TITLE CFE/PERSONNEL SIGNATURE: 

**FOR USE BY CAREER SERVICE**

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATED: \_\_\_\_\_  
CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECRET**

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE TRANSMITTAL

INSTRUCTIONS

- 1. This questionnaire is designed to provide information for consideration by headquarters in planning your next assignment.
- 2. Each supervisor in the field will ensure that this questionnaire is completed for each employee under his immediate supervision and forwarded to headquarters eight (8) months prior to the individual's planned date of departure from the station.
- 3. The questionnaire will be completed and forwarded through normal channels to headquarters in triplicate.
- 4. The questionnaire of Staff Agents should include cover, duties, and discussion of cover factors where appropriate.

SPECIAL NOTE

This form must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information or methods of operations, it is normally expected that a complete and realistic statement of major duties may be reported in Item No. 8. However, the nature, purpose or disposition of information or operations will not be included. On the other hand, the description of the major duties of certain other employees may jeopardize security and should not be fully reported in this form. In these cases a general statement of duties will be indicated in Item No. 8 so as to show the level of responsibilities involved and enable supervisors at headquarters to understand the nature of your position. No names, operational techniques, objectives or purposes of the operation should be included.

NAME OF EMPLOYEE (in pseudonym, if any) *2-3204*

SIGNATURE OF EMPLOYEE (in pseudonym, if any)

[Redacted Name Box]

[Redacted Signature Box]

DATE *21 January 1967*

FORM 202

SECRET

DISPATCH

CLASSIFICATION  
SECRET

PROCESSING ACTION

MARKED FOR INDEXING

X

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

TO  
FROM Chief, Far East Division

ATTN: PARDEE

FROM

Chief of Station, Vietnam

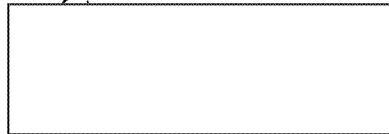
SUBJECT

Commendation of [redacted] *General Langdale*

ACTION REQUIRED REFERENCES

1. Forwarded under separate cover is a commendation from General Langdale for [redacted]

2. I thought you would be interested in seeing it since it is a good indicator of how much of the General's reporting can be believed. Notice particularly the paragraph on page 2 concerning [redacted] "services to my staff...in an applied field of philology, particularly in Vietnamese oral linguistics and the working of official documents..." When this paragraph was shown to [redacted] he gave vent to some very soldierly language, pointing out that he doesn't speak a word of Vietnamese nor can he read it.



Attachment:  
Commendation u.s.c.

Distribution:  
3 - C/FE w/att u.s.c.

*9/1/68  
1968  
C/FE*

DISPATCH SYMBOL AND NUMBER

DISPATCH SYMBOL AND NUMBER 13129

DATE

FVST-

CLASSIFICATION

FILE NUMBER

SECRET

DISPATCH

CLASSIFICATION  
CONFIDENTIAL

PROCESSING ACTION

TO Chief of Station, Saigon

MARKED FOR INDEXING

INFO

NO INDEXING REQUIRED

FROM

Chief, Far East Division

ONLY QUALIFIED DESK  
CAN JUDGE INDEXING

CLASSIFIED

EXEMPTED

SUBJECT

Approval of Home Leave and New Tour - [redacted]

ACTION REQUIRED - REFERENCE

FMSE 6081, 20 August 1961

1. Headquarters is pleased to advise [redacted] has been approved for home leave and return to Saigon for a second tour.

2. For your information, [redacted] contract, effective 12 November 1961, is written for an indefinite period, and will continue in effect, as amended, until such time as it is terminated in accordance with the provisions contained therein.

[redacted]

Distribution:

Orig. 3 1 - [redacted]

*Reports Supg 3 Jan - Return 3 + 15 H/K  
Jan 4 revised (7 days)*

*15 Jan Work DC for 10 days T O Y  
w/o Dependents  
Returns via Escape.*

COPIES DESTROYED 1/73

DISPATCH SYMBOL AND NUMBER

DATE

FMSE 6081

21 September 1961

CLASSIFICATION  
CONFIDENTIAL

NO. 1754 INDEXED



CONFIDENTIAL

# TRAVEL ORDER

24 August 1967

Contract

Mr. Lucien E. Concin LAC Agent

CLASSIFICATION: CONFIDENTIAL  
OFFICE PHONE: GS-14

750330

Amend # 1 to  
FD 366-84

RECORDING DATE: 01 Aug 1967  
EXPIRES: 01 Oct 1967

**Vietnam**  
YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS FOR TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.  
STANDARD, MODEL, ACCOMMODATION AND PURPOSE

Amendment # 1 to change ITINERARY to read: Saigon, Vietnam to Hong Kong, I. C. C. (6 days TTY without per diem) to Washington, D. C. (10 days TTY for consultations) to Kansas City (H/L) to Washington, D. C. PCS.

All other provisions of original Travel Order to remain in effect.

<p>EXCESS BAGGAGE: 15 LBS PER MILK, NOT TO EXCEED COST BY COMMON CARRIER</p> <p>EXCESS PER MILK, AS MORE ADVANTAGEOUS TO THE GOVERNMENT BECAUSE OF IT</p>	<p>AUTOMOBILE ALLOWANCE</p>
---	-----------------------------

REMARKS AND SPECIAL PROVISIONS WITH REASONS

<p>EXCESS TRAVEL AUTHORIZED</p> <p>COMPANY TRAVELER</p> <p>FOLLOW WITHIN 6 MONTHS</p> <p>ADVANCE RETURN</p>			<p>PROVIDE TRANSPORTATION BY</p> <p>TRANSPORTATION REQUEST</p> <p>CASH OR OTHER</p>		<p>ADVANCE OF FUNDS AUTHORIZED</p> <p>YES</p> <p>NO</p> <p>ACCOUNTING OFF. DATE</p>	
<p>DISPOSITION OF EFFECTS AUTHORIZATION</p> <p>SHIPMENT</p> <p>SHIPMENT FOR AUTHORIZED</p>			<p>TEMPORARY STORAGE</p>		<p>CERTIFY FUNDS ARE AVAILABLE</p> <p>ESTIMATED COST OF TRAVEL</p> <p>CALCULATED REFERENCE NO.</p>	
<p>EXCESS BAGGAGE AUTHORIZED</p> <p>FORBID: POUNDS AND MODE</p> <p>ACCOMPANIED</p> <p>UNACCOMPANIED</p>			<p>EXCESS BAGGAGE AUTHORIZED</p>		<p>REGULATION LITIGATION CODE</p> <p>PLAN NO.</p>	
<p>DOMESTIC: INDICATE UNDER "SPECIAL PROVISIONS" ABOVE WHETHER ACCOMPANIED OR NOT, SIZE OF EACH PIECE, AND TOTAL WEIGHT.</p>			<p>DATE: 8137-1487</p>		<p>SIGNATURE</p>	

<p>COORDINATION</p> <p>SIGNATURE</p> <p>TITLE &amp; COMPONENT</p> <p>DATE</p>			<p>REQUESTING OFFICIAL</p> <p>TYPED NAME AND TITLE</p> <p>COMPONENT</p>			
<p>DATE</p>			<p>DOUGLAS S. BLAUFARE</p> <p>G/VNO</p>			
<p>DATE</p>			<p>AUTHORIZING OFFICIAL</p> <p>TYPED NAME AND TITLE</p> <p>COMPONENT</p>			
<p>DATE</p>			<p>WILLIAM E. COLBY</p> <p>CPE</p>			

CONFIDENTIAL

TRAVEL ORDER

NAME	<b>Lucien E. Concin</b>	Contract Agent	DWS
OFFICIAL STATION	<b>Vietnam</b>	5459	GS-14

YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS CONCERNING THIS TRAVEL. ON CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.

ITINERARY, MODE OF TRAVEL AND PURPOSE

**Authorized: Saigon - Hong Kong (5 days TDY-no per diem) - Washington, D.C. (PCS)**

Mode : Air  
 Purpose : PCS  
 Subject will proceed directly, without delays from Hong Kong to Washington, D.C.

TRAVEL DURATION	1 Aug 67 - 1 Oct 67	PER DIEM ALLOWANCE	\$ 16.00
MODE	X	OTHER	

ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS.

**Shipment of effects authorized from Saigon and Hong Kong.**

DEPENDENT NAME	DATE OF BIRTH	RELATIONSHIP	TRAVEL AUTHORITY	ESTIMATED COST OF TRAVEL
Elyette B.		Wife	X	\$2,500 - Trvl. 3,000 - MHE
Phillip J.	1960	Son	X	
Laurent P.	1963	Son	X	
Caroline R.	1963	Daughter	X	

COORDINATION

Signature: **FZ 102**

Signature: **AC/PRAS** - Vietnam

Signature: **10/5578** - Vietnam

CONFIDENTIAL

CLASSIFIED MESSAGE      TOTAL COPIES: *18*

**SECRET**

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

1	<i>Sh...</i>	6	
2		7	<i>Sh...</i>
3		8	
4	<i>CC</i>		

ACTION:  RID COPY      ADVANCE COPY:  FORWARDED  SCHEDULED  TYPED

UNIT:      TIME:      BY:

FILE NO: *CC-3-51/PL 8P-2*

*WZ*  
*7 Dec 57 11 24 7 98*  
*3001*

SECRET 070900Z CITE HONG KONG 9287  
 DIRECTOR

MR. LOUIS CONEIN WILL DEPART HONG KONG ON 7 AUGUST 1967 VIA  
 PAN AM FLIGHT #2 AT 17:30, ARRIVING HEADQUARTERS 8 AUGUST 1967  
 AT 0600.

**SECRET**

SECRET  
 BT

INDEX  YES  NO

CLASSIFIED TO FILE NO.

CLASSIFIED MESSAGE **B** TOTAL COPIES **19**

NAME TO FILE NO.

FILE REC  RES. TO BRANCH

CONTROL  REG.

**SECRET**

EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

REPRODUCTION PROHIBITED

PERSON-UNIT NOTIFIED

1	0113	5	1317
2		6	1318
3	1311	7	1319
4	1312	8	

FROM

*K/P*

ATTN

*FE 8*

RID COPY

ADVANCE COPY

ISSUED

SLOTTED

TUBED

UNIT

TIME

BY

FILE

*FILE, IR, CCS 3, CSLS, OF 2, OF 2*

SECRET 270916Z CITE SAIGON 9831

PRIORITY HONG KONG INFO DIRECTOR

MR. LUCIEN COMEIN DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS

AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO

HQS.

SECRET

SECRET

BT

**ACTION**  
27 JUL 1989

*2/12*  
*20*  
*July 26 1989*

*Keep secrets of his  
movements and the  
as soon as we have  
a date of arrival.*

NASN

SECRET

15 NOV 1961

MEMORANDUM FOR: Chairman, CSCS

ATTENTION: Agent Panel

SUBJECT: Appointment of Career Agent

1. It is requested that [redacted] be approved for

[redacted]  
to assist the Operating Divisions in emergency situations.

2. [redacted] has, over a long period of time, well demonstrated his operational value to this Agency, and thus is more than amply qualified under the terms of R 20-1000 which defines this category of personnel.

*for*  
[redacted]  
Parasilitary Group, CA

Attachment:  
PES

CA/PAG/[redacted]  
15 November 1961

Distribution:

- Orig. & 1 - Addressee
- 1 - CA/SG/PERS
- 1 - CA/C/PAG
- 2 - CA/ENG
- 1 - Chrono

SECRET

MEMORANDUM FOR: Clandestine Services Personnel Division

ATTENTION : Agent Panel

SUBJECT : Deletion of [redacted] from  
Project [redacted]

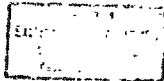
1. [redacted] has been employed as a Career Agent in Project [redacted] since 16 October 1961. During that period he was assigned to the Saigon Station as a Staff Advisor on Paramilitary matters to the Chief of Station.

[redacted]

3. In view of the foregoing, it is requested that the name of [redacted] be removed from the Project [redacted] personnel assets.

[redacted]  
Major General, USA  
Chief, Special Operations Division

SECRET



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true) <b>Lucien C. Cousin</b>	DATE (from item 8.2) <b>June 1963</b>	NAME OF SUPERVISOR (true) <b>John H. Richardson</b>	DATE (from item 8.2) <b>June 1963</b>
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH <b>29 Nov 19</b>	2. GRADE <b>GS-13</b>	3. CURRENT POSITION TITLE AND GRADE <b>C/PM GS-13</b>	7a. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR <b>3 January 1962</b>
4. SERVICE DESIGNATION (if known)		5. CURRENT STATION OR FIELD BASE <b>Saigon, Vietnam</b>	7b. EXPECTED DATE OF DEPARTURE FROM FIELD <b>3 January 1964</b>
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR <b>None</b>		7c. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS <b>30 January 1964</b>	
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on instructions form):			
<p><b>Staff advisor in paramilitary matters to the Chief of Station. Station liaison officer to GVN Ministry of Interior, Hqs US Special Forces and Army of Vietnam Corps Commanders.</b></p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
<p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p>			
<p><b>Would prefer to have an operational assignment.</b></p>			
<p>B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):</p>			

SECRET

**D. PREFERENCE FOR NEXT ASSIGNMENT (continued)**

**C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE SPACES BELOW:**

**1** RETURN TO MY CURRENT STATION

**2** BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:  
 1ST. CHOICE \_\_\_\_\_ 2ND. CHOICE \_\_\_\_\_ 3RD. CHOICE \_\_\_\_\_

**3** BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:  
 1ST. CHOICE **NE** 2ND. CHOICE **N. Africa** 3RD. CHOICE **VI**

**10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?**  
 INDICATE NUMBER OF WORK DAYS **30**

**11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:**  
**Wife - 34**  
**Son - 5**  
**Son - 3 1/2**

**12. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT**  
**Child due 1 July**

**12. SIGNATURE: COMPLETE ITEM NO. 3-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION**

**13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:**  
**I strongly endorse Subject's request for return on another tour to the Saigon Station.**

**14. SIGNATURE: COMPLETE ITEM NO. 3-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS.**

**15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING**

<b>16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER</b>	<b>SIGNATURE</b>
<b>DATE</b>	
<b>FOR USE OF CAREER SERVICE</b>	
<b>17. EMPLOYEE <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED</b>	<b>18. REFERENCE</b>
<del>DISPATCH NO.</del> <b>H/C # New Tour</b>	DISPATCH NO. <b>FISS 36</b> / CABLE NO. _____
<b>19. TYPED OR PRINTED NAME</b>	<b>20. SIGNATURE</b>
<b>21. TITLE</b>	<b>22. DATE</b>
<b>FR/PT/BL</b>	
<b>23. COMMENTS</b> <b>CAC Approved by William E Coffey 12 Sept 1963</b> <b>Concurred by H. Wynne SOD p/tes 11 Sept 1963</b>	

SECRET



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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FITNESS REPORT- LUCIEN S. CONEIN- CAREER AGENT- ZR/JEWEL

FROM: SOD/Plans/ [ ]		EXTENSION	NO
			DATE
TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS
	RECEIVED	FORWARDED	
1. SOD/Pers.	<i>1/15/54</i>	<i>he</i>	<p>1-2: Fitness Report and [ ] comments forwarded FYI. FE Division advises that they will take no action re a promotion unless the field comes in with a specific recommendation by dispatch.</p> <p>→ to: Mr. Pot</p> <p>Concern with promotion to GS 14, also with recommendation that FE leave and promotion above. Please ask for Mr. Harwood to check with the best office with MVD &amp; find out result of that consultation.</p> <p><i>RCJ</i></p> <p><i>20 Dec 53</i></p>
2. D/C SOD Mr. Jorgenson	<i>20 Dec 53</i>	<i>RCJ</i>	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

FORM 1-52

610

USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

SECRET

19 March 1963

MEMORANDUM FOR: SOD/Personnel

SUBJECT: Promotion - [redacted]

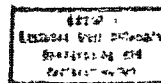
REFERENCE: Fitness Report dated 25 Feb. 1963

1. [redacted]

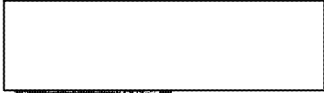
2. [redacted]

[redacted]  
SOD/Plans

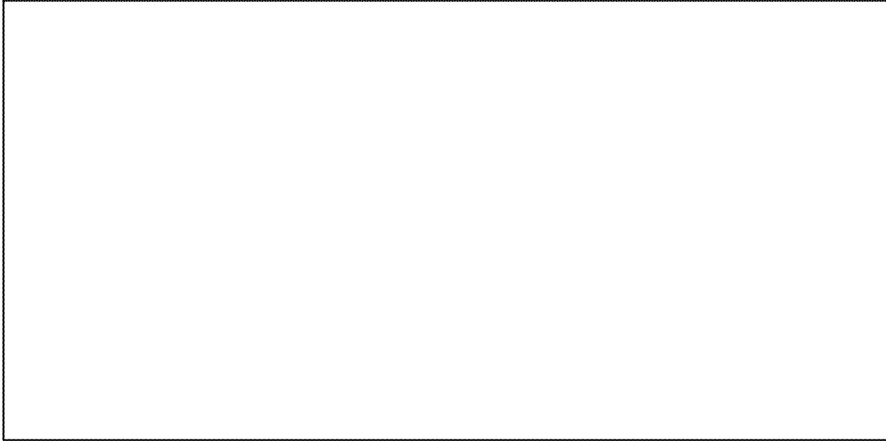
SECRET



18 March 1963



1.



2.

503 514

MEMORANDUM FOR: Chief, FE/VCL

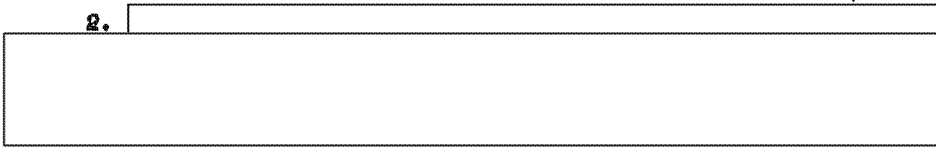


SUBJECT : Recommendation for Promotion of  
to OS-14 Equivalent

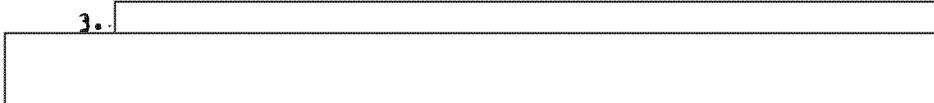
REFERENCE : Fitness Report for Subject dated 25 February 1963

1. In reference Fitness Report, the Deputy Chief of Station and the Chief of Station, Saigon, recommend the promotion of ~~Subject~~ to the next higher OS equivalent. I concur in this recommendation.

2.



3.



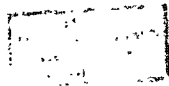
GORDON L. JOHNSON  
Acting Chief  
Special Operations Division

Att:  
Reference Fitness Report

800/PERS/OLW/RDI:nhh

Distribution:

- Orig & 1 - Adm/v/att.
- 1 - AC/800/w/c/att.
- 1 - 800/Pers/w/c/att.
- 1 - RI/800/v/o/att. - dummy



TT/8-564/DIR/ DISPATCH FOLLOWS  
VIA TELETAPE

<b>DISPATCH</b>	CLASSIFICATION	PROCESSING	
	SECRET	PROPOSED	ACTION COMPLETED
TO	CHIEF, FAR EAST DIVISION	MARKED FOR INDEXING	
INFO		NO INDEXING REQUIRED	
FROM	CHIEF OF STATION, SAIGON	ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING	
DUP	[ ] FITNESS REPORT ON [ ]	ABSTRACT	
		MICROFILM	
ACTION REQUIRED REFERENCES FVSS-2216			
<p>1. A FORMAL FITNESS REPORT ON [ ] WILL BE DISPATCHED SHORTLY. AD INTERIM, THOSE QUESTIONS RAISED IN REFERENCE ARE ANSWERED BELOW.</p>			
<p>2. [ ] [ ]</p>			
<p>3. [ ] [ ]</p>			
<p>4. [ ] [ ]</p>			
DISTRIBUTION BY TELETAPE 2-CFE BY POUCH 1-CFE		/CONTINUED/	
CROSS REFERENCE TO		DATE TYPED	DATE DISPATCHED
		TOT/ 20 /AUG 67/0,00	TOR-20 AUG 1965
		DISPATCH SYMBOLS AND NUMBER	
		FVST-3,0A	
		HEADQUARTERS FILE NUMBER	
CLASSIFICATION			
SECRET			

CONTINUATION OF  
DISPATCH

CLASSIFICATION  
SECRET

DISPATCH SYMBOL AND NUMBER  
FVST-3344 PAGE-2

5.

STEPHEN P. SHORDEN

S-E-C-R-E-T  
(When Filled In)

12 OCT 1961

MEMORANDUM FOR: Chief, CA/FMG

ATTENTION :

FROM : Deputy Director of Security (Investi-  
gations and Operational Support)

SUBJECT : COHEN, Lucien  
#5025

FOR THE DIRECTOR OF SECURITY:

S-E-C-R-E-T  
(When Filled In)

S-E-C-R-E-T  
(When Filled In)

23 SEP 1961

MEMORANDUM FOR: Chief, CA/PMO

ATTENTION:

FROM : Deputy Director of Security (Investi-  
gations and Support)

SUBJECT : CONEIN, Lucien  
#5025

FOR THE DIRECTOR OF SECURITY:

S-E-C-R-E-T  
(When Filled In)



SECRET  
(EVEN WHEN BLANK)

NºSD 39264 A

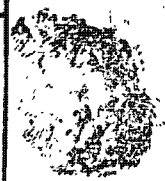
DATE

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE) *Lucien E. Conein*

Lucien E. Conein  
(NAME, PRINTED OR TYPED)

RIGHT THUMB PRINT



WITNESS:

\_\_\_\_\_

SECRET

SECRET  
(EVEN WHEN BLANK)

NºSD 39264 B

DATE

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE  
UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIG-  
NATURE WHERE REQUIRED:

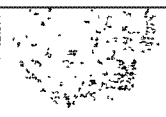
\_\_\_\_\_

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

SECRET



**SECRET**

<b>REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION</b> <small>(Always handcarry 1 copy of this form)</small>		DATE <b>21 September 1961</b>	
TO:	CI/Operational Approval and Support Division	FROM:	
	<input checked="" type="checkbox"/> Security Support Division/Office of Security	[Redacted]	
SUBJECT: <small>(True name)</small> <b>COHEN, Lou</b>		PROJECT <b>ERFENL</b>	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES  [Redacted] <b>being cancelled if it is done) being cancelled as are</b>		CI/OA FILE NO.	
		SI 201 FILE NO.	
		SO FILE NO.	
<b>TYPE ACTION REQUESTED</b>			
<input type="checkbox"/>	PROVISIONAL OPERATIONAL APPROVAL	<input type="checkbox"/>	PROVISIONAL PROPRIETARY APPROVAL
<input type="checkbox"/>	OPERATIONAL APPROVAL	<input type="checkbox"/>	PROPRIETARY APPROVAL
<input checked="" type="checkbox"/>	PROVISIONAL COVERT SECURITY APPROVAL	<input type="checkbox"/>	COVERT NAME CHECK
<input checked="" type="checkbox"/>	COVERT SECURITY APPROVAL	<input type="checkbox"/>	SPECIAL INQUIRY (SO field investigation)
<input type="checkbox"/>	COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS		
<b>USE OF INDIVIDUAL OR ACTION REQUESTED</b>			
SPECIFIC AREA OF USE <b>In any area in which is needed</b>			
FULL DETAILS OF USE  <b>To provide Paramilitary Skills in any area they are needed.</b>			
<b>INVESTIGATIVE COVER</b>			
IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION  <b>Normal Procedure; Priority on PCGA and CSA per conversation with CA, SO/PERS</b>			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
<b>PRO AND GREEN LIST STATUS</b>			
<input type="checkbox"/>	PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED	<input type="checkbox"/>	PRO II WILL BE FORWARDED
<input type="checkbox"/>	PRO II, OR EQUIVALENT, IN (1) COPY ATTACHED	<input type="checkbox"/>	GREEN LIST ATTACHED, NO
<b>FIELD TRACES</b>			
<input type="checkbox"/>	NO RECORD	<input checked="" type="checkbox"/>	NO INFORMATION OF VALUE
<input type="checkbox"/>	DEROGATORY INFORMATION ATTACHED, WITH EVALUATION WILL BE FORWARDED	<input type="checkbox"/>	NOT INITIATED (Explanation)
<b>SI TRACES (Derogatory Information and Evaluation Attached)</b>			
<input type="checkbox"/>	NO RECORD	<input checked="" type="checkbox"/>	RECORD
<input type="checkbox"/>	NON-DEROGATORY	<input type="checkbox"/>	DEROGATORY
<b>DIVISION TRACES (Derogatory Information and Evaluation Attached)</b>			
<input type="checkbox"/>	NO RECORD	<input checked="" type="checkbox"/>	RECORD
<input type="checkbox"/>	NON-DEROGATORY	<input type="checkbox"/>	DEROGATORY
SIGNATURE OF CASE OFFICER <b>[Redacted]</b>		EXTENSION SIGNATURE OF BRANCH CHIEF <b>[Redacted]</b>	

**TOP SECRET**

~~SECRET~~

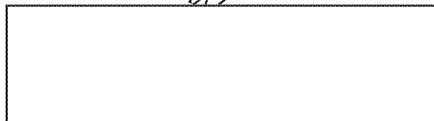
8 March 1961

MEMORANDUM FOR: Chief, FE Division

SUBJECT: Employment of Lou Conein



*AL*



cc: C/FE/VCL

SECRET

DO NOT USE THIS SPACE	<b>PERSONAL HISTORY STATEMENT</b>	THIS DATE (Fill In) 25 September 1961
ISSUED BY		

**INSTRUCTIONS**

1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.

**SECTION I GENERAL PERSONAL AND PHYSICAL DATA**

1. FULL NAME (Last-First-Middle) COMPTON, Lucien Dale		2. AGE 41 yrs		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. HEIGHT 5' 11"	5. WEIGHT 175 lbs	6. COLOR OF EYES Blue	7. COLOR OF HAIR Brown	8. TYPE COMPLEXION Fair	9. TYPE BUILD
10. SCARS (Type and Location) Appendectomy, hernia, etc. side of body					
11. OTHER DISTINGUISHING PHYSICAL FEATURES None					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) 5011 Hanes Street Falmouth, Virginia Falmouth 5-4811			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. 1905 North 10th Street Kansas City, Kansas		
14. CURRENT PHONE NO. Falmouth 6-4811		15. OFFICE PHONE NO. & EXT. Oxford 57742		16. LEGAL RESIDENCE (State, Territory or Country) Kansas	
17. NICKNAMES Lucy!			18. OTHER NAMES YOU HAVE USED		
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES. NA					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority) NA					

**SECTION II POSITION DATA**

1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING  Position commensurate with past training and experience	
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). \$ 11,500.00 P.Y.C.	3. DATE AVAILABLE FOR EMPLOYMENT 1 October 1961
4. INDICATE YOUR WILLINGNESS TO TRAVEL <input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER	
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable) <input type="checkbox"/> WASHINGTON, D.C. <input checked="" type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify) <input type="checkbox"/> OUTSIDE CONTINENTAL U.S.	
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.  NONE	

SECTION III							CITIZENSHIP		
1. DATE OF BIRTH 22 May 1919		2. PLACE OF BIRTH (City, State, Country)			3. PRESENT CITIZENSHIP (Country) U.S.				
4. CITIZENSHIP ACQUIRED BY BIRTH <input type="checkbox"/> MARRIAGE <input checked="" type="checkbox"/> OTHER (Specify)				5. DATE NATURALIZED 11 Aug 1950		6. NATURALIZATION CERTIFICATE NO. 101600			
7. COURT ISSUING NATURALIZATION CERTIFICATE District Court					8. ISSUED AT (City, State, Country)				
9. HAVE YOU HELD PREVIOUS NATIONALITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			10. IF YES, GIVE NAME OF COUNTRY France, (see above)						
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.  Born France 1919, emigrated U.S. 1925									
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				13. GIVE PARTICULARS					
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.) NA									
15. DATE OF ARRIVAL IN U.S. Sept 1925			16. PORT OF ENTRY New York City, New York			17. ON PASSPORT OF WHAT COUNTRY France			
18. LAST U.S. VISA (No., Type, Place of Issue) Unknown					19. DATE VISA ISSUED Unknown				
SECTION IV							EDUCATION		
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED									
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE					<input checked="" type="checkbox"/> OVER TWO YEARS OF COLLEGE NO DEGREE				
<input type="checkbox"/> HIGH SCHOOL GRADUATE					<input type="checkbox"/> BACHELOR'S DEGREE				
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE					<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE				
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS					<input type="checkbox"/> MASTER'S DEGREE		<input type="checkbox"/> DOCTOR'S DEGREE		
2. ELEMENTARY SCHOOL									
1. NAME OF ELEMENTARY SCHOOL					2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From and To)					4. GRADUATE				
1925 - 1928					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
3. HIGH SCHOOL									
1. NAME OF HIGH SCHOOL					2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From and To)					4. GRADUATE				
1932 - 1934					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
1. NAME OF HIGH SCHOOL					2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From and To)					4. GRADUATE				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
4. COLLEGE OR UNIVERSITY STUDY									
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM. OR HOURS (Specify)		
	MAJOR	MINOR	FROM	TO					
University of Maryland	PSI		1940	1942			60		
	So								
SECTION IV CONTINUED TO PAGE 1									

SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
OCS, TIS, Ft. Benning, Ga.	OCS	Mar 1943	July 1943	4
Special Warfare Ft. Bragg	Special Forces	Nov 1956	Dec 1956	1

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

SECTION V FOREIGN LANGUAGE ABILITIES

I. LANGUAGE <i>(List below each language in which you have some degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)</i>	COMPETENCE - IN ORDER LISTED <i>(Read, Write, Speak)</i>												NOW ACQUIRED					
	READ			WRITE			SPEAK			NATIVE SPEAKING	PROLONGED CONTACT (with persons etc.)	ACADEMIC FLUENCY (with all teachers)						
	H	N	S	H	N	S	H	N	S						H	N	S	
French																		

- IF YOU HAVE CHECKED "ACADEMIC FLUENCY" UNDER "NOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.
- IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.
- DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARY AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.
- IF YOU HAVE NOTED A PROFICIENCY IN A LANGUAGE, WOULD YOU BE WILLING TO USE THIS ACTIVITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.							
Military Assignments							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.							
SP 207111 27 July 1959 exp 27 July 1961							
SECTION VII TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
NA	NA	GREGG	SPEEDWRITING	STENO TYPE	OTHER (Specify)		
2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).							
NA							
SECTION VIII SPECIAL QUALIFICATIONS							
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.							
Hunting - Good							
Fishing - Good							
Free Fall Parachuting - Good							
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK							
OSS and Agency trained Special Forces Battalion Commander 3 yrs Chief Military Liaison Group, ACISI Intel (FI) team Tahaanun Iran							
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORT WAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.							
None							

SECTION VIII CONTINUED TO PAGE 3

SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.  YES  NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

6. FIRST LICENSE OR CERTIFICATE (Year of Issue) \_\_\_\_\_ 7. LATEST LICENSE OR CERTIFICATE (Year of Issue) \_\_\_\_\_

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION IX EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 2, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) U.S. Army Sept 1961 to present	2. NAME OF EMPLOYING FIRM OR AGENCY U.S. Army
3. ADDRESS (No., Street, City, State, Country) Washington 25, D.C.	
4. KIND OF BUSINESS Military	5. NAME OF SUPERVISOR Major General H. H. ...
6. TITLE OF JOB Lt. Colonel	7. SALARY OR EARNINGS \$10,000.00
8. CLASS. GRADE (If Federal Service) LT-03	
9. DESCRIPTION OF DUTIES U. S. Army Officer assigned to be Assistant Chief of Staff for Intelligence	
10. REASONS FOR LEAVING Retiring after 24 years 10 months 14 days service	

SECTION IX CONTINUED TO PAGE 5



SECTION X		MILITARY SERVICE							
1. CURRENT DRAFT STATUS									
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	2. SELECTIVE SERVICE CLASSIFICATION NA	3. SELECTIVE SERVICE NO.				
4. IF DEFERRED, GIVE REASON USAR Ret Reserves			5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS NA						
2. MILITARY SERVICE RECORD									
1. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP									
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify):
HAVE SERVED →									
NOW SERVING →	X								
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S) Parachute infantry									
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service) NA			4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service) over 20 years						
5. DATE ENTERED ACTIVE DUTY → 22 Sept 1941		PAST SERVICE		CURRENT SERVICE NA					
6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION 18 mos		7. RANK, GRADE OR RATE → pvt		8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number) 01-32276					
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mob or Designator) AND TITLE		PAST SERVICE 71542		CURRENT SERVICE 31542					
10. SECONDARY MIL OCCUPATIONAL SPECIALTY (Mob or Designator) AND TITLE		PAST SERVICE 93000		CURRENT SERVICE 39300					
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)  Chief of Military Liaison Group, ARMISH/MAAG, APO 205 NY, NY									
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY									
HONORABLE DISCHARGE		RETIREMENT FOR SERVICE		UNDUE HARDSHIPS					
RELEASE TO INACTIVE DUTY		RETIREMENT FOR COMBAT DISABILITY		OTHER: NA					
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY							
13. CHECK (X) COMPONENT IN WHICH YOU SERVED									
<input checked="" type="checkbox"/> REGULAR	<input checked="" type="checkbox"/> RESERVE (Including the National and Air National Guard)	<input checked="" type="checkbox"/> OTHER (Including AUS)		AUS					
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS									
1. DO YOU NOW HAVE RESERVE STATUS? YES NO		2. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR ROTC? YES NO		3. ARE YOU NOW A MEMBER OF THE ROTC? YES NO					
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW									
<input checked="" type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NAVY ROTC	INDICATE ROTC CATEGORY NUMBER				
<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> AIR NAT'L GUARD	<input type="checkbox"/> ARMY ROTC	<input type="checkbox"/> AIR FORCE ROTC					
5. CURRENT RANK, GRADE OR RATE Lt Col		6. DATE OF APPOINTMENT IN CURRENT RANK 8 July 1958		7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION 1 Oct 1961					
8. CHECK (X) CURRENT RESERVE CATEGORY		STANDBY/Active		STANDBY/Inactive					
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mob or Designator) AND TITLE NA		10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mob or Designator) AND TITLE NA		<input checked="" type="checkbox"/> RETIRED					
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES  NA									
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L GUARD OR ROTC TRAINING UNIT		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS NA					
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS NA					
16. INDICATE TOTAL MILITARY SERVICE YEARS FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY 24		17. WHERE ARE YOUR SERVICE RECORDS KEPT? ACSI							

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME  Not Applicable			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
The Riggs Nat'l Bank, Lincoln Br.		17 & H Street, N.W., Washington, D.C.	
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S) NA			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
S.W. Rice Co.		1342 G. St. N.W., Washington, D.C.	
The First City Bank & Trust		Fort Bragg, North Carolina	
The Guaranty State Bank		1000 Minn Ave., Kansas City, Kansas	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS NA			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY: MARRIED			
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS Divorced from Nonique Pierre Weber, 23 December 1947, Paris, France. Divorce by mutual agreement. Divorced from Carmen Ols, 26 Mar 1957, Wyandotte County, Kansas			
WIFE, HUSBAND OR FIANCEE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for future.			
3. NAME	(First)	(Middle)	(Last)
	Elyette	BROCHOT	BROCHOT
4. STATE ANY OTHER NAMES EVER USED NA		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.	
5. DATE OF MARRIAGE	6. PLACE OF MARRIAGE (City, State, Country)		
30 March 1956	Dillon, South Carolina		
7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7 rue Docteur Charcot, Champigny sur Marne, Seien, France			
8. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. DATE OF DEATH	10. CAUSE OF DEATH
		NA	NA
11. CURRENT ADDRESS (With last address, if deceased)			
5011 Hanes Street, McLean, Virginia			
12. DATE OF BIRTH	13. PLACE OF BIRTH (City, State, Country)		14. CITIZENSHIP
4 Sept 1929	Vinh Vietnam		USA

SECTION XII CONTINUED TO PAGE 10

SECTION XII CONTINUED FROM PAGE 9

16. IF BORN OUTSIDE U.S. DATE OF ENTRY <b>23 December 1958</b>		18. PLACE OF ENTRY <b>New York City, New York</b>	
18. FORMER CITIZENSHIP(S) (Country/ies) <b>French</b>		17. DATE U.S. CITIZENSHIP <b>14 July 1959</b>	18. WHERE ACQUIRED (City, State, Country) <b>U.S. Dist. Court for Dist of Col.</b>
19. OCCUPATION <b>Housewife</b>		20. PRESENT EMPLOYER (also give former employer, or if spouse deceased or under NONE give last two employers) <b>NONE</b>	
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) <b>NA</b>			
22. DATES OF MILITARY SERVICE (From and to - If No. and Yr.) <b>NA</b>			
23. BRANCH OF SERVICE <b>NA</b>		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <b>NA</b>	
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NA</b>			

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
<b>Charles M. Consin</b>	<b>son</b>	<b>30 March '50 Frankfurt Fayetteville N.C.</b>	<b>USA</b>	<b>4854 Kenmore Alexandria, Va 5011 Lanes St. McLean, Virginia</b>
<b>Laurent P. Consin</b>	<b>son</b>	<b>19 April '58 Taharan</b>	<b>USA</b>	<b>" " "</b>
<b>Philippe J. Consin</b>	<b>son</b>	<b>16 Nov '59 Iran</b>	<b>USA</b>	<b>" " "</b>
2. NUMBER OF CHILDREN (including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING. <b>3</b>		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, step-parents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING. <b>0</b>		

SECTION XIV FATHER (Give same information as Stepfather and step-mother on separate sheet)

1. NAME (Last, first, middle) <b>Edwin, Lucien Rabier</b>		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH <b>1924</b>	4. CAUSE OF DEATH <b>heart attack</b>
5. STATE OTHER NAMES HE HAS USED <b>None</b>		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS (Give last address, if deceased (No., Street, City, State, Country)) <b>NA</b>				
7. DATE OF BIRTH <b>19 March 1872</b>	8. PLACE OF BIRTH (City, State, Country) <b>Aux, Seine et Marne, France</b>	9. CITIZENSHIP <b>French</b>		
10. IF BORN OUTSIDE U.S. DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>		
12. FORMER CITIZENSHIP(S) (Country/ies) <b>NA</b>		13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>	
15. OCCUPATION <b>NA</b>		16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) <b>NA</b>		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED <b>NA</b>				
18. DATES OF MILITARY SERVICE (From and to - If No. and Yr.) <b>1914 - 1918</b>		19. BRANCH OF SERVICE <b>USK</b>		20. COUNTRY <b>France</b>
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NA</b>				

SECTION XV MOTHER (Give name information for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle) <b>Estelle Leontine Cousin</b>		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH <b>NA</b>
5. STATE OTHER NAMES SHE HAS USED <b>Estelle Leontine Elin (maiden)</b>		4. CAUSE OF DEATH <b>NA</b>	
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) <b>150 Monterey Street, Brisbane, California</b>			
7. DATE OF BIRTH <b>6 June 1897</b>		9. CITIZENSHIP <b>U.S.</b>	
8. PLACE OF BIRTH (City, State, Country) <b>Sorangai, Dutch East Indies</b>		10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>22 May 1948</b>	
11. PLACE OF ENTRY <b>New York City, New York</b>		12. FORMER CITIZENSHIP(S) (Country/ies) <b>French</b>	
13. OCCUPATION <b>None</b>		14. DATE U.S. CITIZENSHIP ACQUIRED <b>10 November 1959</b>	
15. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) <b>NA</b>		16. WHERE ACQUIRED (City, State, Country) <b>Dist. Court, San Francisco, Cal.</b>	
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED <b>NA</b>			
18. DATES OF MILITARY SERVICE (From-and-To) <b>NA</b>		19. BRANCH OF SERVICE <b>NA</b>	
20. COUNTRY <b>NA</b>		21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NA</b>	
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) <b>Cousin, Maurice Rene</b>		2. RELATIONSHIP <b>Brother</b>	3. CITIZENSHIP (Country) <b>French</b>
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>Unknown Charente sur Merne, Seine, France</b>		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE <b>30</b>
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE

SECTION XVII				FATHER-IN-LAW			
1. FULL NAME (Last-First-Middle) <b>John James Jones BROCHOT</b>		2. LIVING <b>X</b> YES <b>NO</b>		3. DATE OF DEATH		4. CAUSE OF DEATH	
5. STATE OTHER NAMES HE HAS USED <b>Unknown</b>		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.					
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>Noumea, New Caledonia</b>							
7. DATE OF BIRTH <b>Unknown</b>		8. PLACE OF BIRTH (City, State, Country) <b>Noumea, New Caledonia</b>			9. CITIZENSHIP <b>French</b>		
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>				11. PLACE OF ENTRY <b>NA</b>			
12. FORMER CITIZENSHIP(S) (Country(ies)) <b>NA</b>		13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>		14. WHERE ACQUIRED (City, State, Country) <b>NA</b>			
15. OCCUPATION <b>self employed</b>		16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) <b>self employed</b>					
SECTION XVIII				MOTHER-IN-LAW			
1. FULL NAME (Last-First-Middle) <b>Marie Brochot</b>		2. LIVING <b>X</b> YES <b>NO</b>		3. DATE OF DEATH <b>1947</b>		4. CAUSE OF DEATH <b>Cancer</b>	
5. STATE OTHER NAMES SHE HAS USED <b>NA</b>		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.					
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>NA</b>							
7. DATE OF BIRTH <b>NA</b>		8. PLACE OF BIRTH (City, State, Country) <b>NA</b>			9. CITIZENSHIP <b>French</b>		
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>				11. PLACE OF ENTRY <b>NA</b>			
12. FORMER CITIZENSHIP(S) (Country(ies)) <b>NA</b>		13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>		14. WHERE ACQUIRED (City, State, Country) <b>NA</b>			
15. OCCUPATION <b>NA</b>		16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) <b>NA</b>					
SECTION XIX							
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT							
1. FULL NAME (Last-First-Middle) <b>CONEIN, Maurice Rene</b>		2. RELATIONSHIP <b>Brother</b>		3. AGE <b>39</b>			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY <b>Unknown</b>					
6. CITIZENSHIP (Country) <b>French</b>		7. FREQUENCY OF CONTACT <b>Regular</b>		8. DATE OF LAST CONTACT <b>16 Sept 1960</b>			
1. FULL NAME (Last-First-Middle) <b>BROCHOT, John James Jones</b>		2. RELATIONSHIP <b>Father-in-law</b>		3. AGE <b>Unk</b>			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Noumea, New Caledonia</b>		5. EMPLOYED BY <b>Self employed</b>					
6. CITIZENSHIP (Country) <b>French</b>		7. FREQUENCY OF CONTACT <b>Have never seen</b>		8. DATE OF LAST CONTACT <b>never contacted</b>			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. AGE			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY					
6. CITIZENSHIP (Country)		7. FREQUENCY OF CONTACT		8. DATE OF LAST CONTACT			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. AGE			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY					
6. CITIZENSHIP (Country)		7. FREQUENCY OF CONTACT		8. DATE OF LAST CONTACT			

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

## SECTION XIX CONTINUED FROM PAGE 12

B. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

## SECTION XX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
MA			
5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATION OF SERVICE (If known)	
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATION OF SERVICE (If known)	
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATION OF SERVICE (If known)	

## SECTION XXI REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
B/Ocn Edw. G. Lansdale	Of Asst Sec Def.	4503 MacArthur Blvd Washington, D.C.
Hon. Errett P. Scrivner	Congress	2331 Cathedral Av. N.W. Washington, D.C.

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)



SECTION XXIV		ADDITIONAL INFORMATION			
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE OR VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			YES NO		
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN					
3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. IF SO, TO WHAT EXTENT?		
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. IF SO, TO WHAT EXTENT?		
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.		
<b>Military Liaison to J-2 BCS, Imp Iranian Army 1959 to 1961</b>					
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940					
<b>U.S. Army</b>					
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>CBS 1943</b>  <b>BSU 1946</b>  <b>OIG 1947</b>  <b>CIA 1948-49</b> </td> <td style="width: 50%; vertical-align: top;"> <b>U.S. Army 1956-57</b>  <b>ACSI D of A 1959</b> </td> </tr> </table>				<b>CBS 1943</b> <b>BSU 1946</b> <b>OIG 1947</b> <b>CIA 1948-49</b>	<b>U.S. Army 1956-57</b> <b>ACSI D of A 1959</b>
<b>CBS 1943</b> <b>BSU 1946</b> <b>OIG 1947</b> <b>CIA 1948-49</b>	<b>U.S. Army 1956-57</b> <b>ACSI D of A 1959</b>				
NOTE SPECIAL INSTRUCTIONS: If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.					
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MOTOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?			YES NO		
IF SO, STATE NAME OF COUNTY, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.			<input checked="" type="checkbox"/> NO		
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION (SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES NO		
			<input checked="" type="checkbox"/> NO		
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES NO		
			<input checked="" type="checkbox"/> NO		
SECTION XXV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
1. NAME (First-Middle-Last)		2. RELATIONSHIP			
<b>Elyette Brocimat Cozain</b>		<b>Wife</b>			
3. HOME ADDRESS (No., Street, City, Zone, State, Country)		4. HOME PHONE NO.			
		<b>Elmwood 6-6811</b>			
5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		6. BUSINESS PHONE NO. & EXT.			
<b>Dept of Army</b>		<b>OX 57742</b>			
7. IN CASE OF EMERGENCY OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.					
<b>Mrs. Estelle Cozain 150 Monterey St. Brisbane, Calif.</b>			<b>Mother</b>		



SECTION XXVI CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES <i>25 September 1961</i>	2. SIGNATURE OF APPLICANT <i>Lucille Brown</i>
3. SIGNED AT (City and State) <i>Washington D. C.</i>	4. SIGNATURE OF WITNESS <i>H. O. Tucker, Jr.</i>

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

[Empty space for extra details]



DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

AGPO-SR 201 Conain, Lucien E.  
01 J22 769

22 September 1961

**SUBJECT:** Retirement

**TO:** Lieutenant Colonel Lucien E. Conain, 01J22769, Infantry

Lieutenant Colonel Lucien E. Conain, 01J22769, Army of the United States, (Lieutenant Colonel, Infantry, United States Army Reserve) upon his application is retired from active service under the provisions of title 10, United States Code, section 3911, after more than 20 years of active Federal service. He is relieved from assignment and duty Washington, D. C., effective date of change of strength accountability: 30 September 1961 and placed on Army of the United States Retired List 1 October 1961. On 1 October 1961 he is transferred to United States Army (Retired Reserve) and assigned to United States Army Control Group (Retired) at appropriate United States Army Corps. Hope of selection and completion of travel within one year is authorized. Permanent change of station. Travel directed is necessary in the military service. Pamphlet--"Personal Property Shipping Information" is applicable. 2122010 01-1731-1732-1733 P 1317 S99-999. Separation program number 567.

By Order of the Secretary of the Army:

Adjutant General

## OFFICER EFFICIENCY REPORT

(AR 600-185 and SR 600-185-1)

### SECTION I

<b>1. LAST NAME - FIRST NAME - MIDDLE INITIAL</b> CONEIH, Lucien E.		<b>2. SERVICE NO.</b> 0 1 322 769	<b>3. GRADE</b> Major	<b>4. BRANCH</b> Inf	<b>5. COMPONENT</b> USAR
<b>6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER</b> Support Group (8706) Washington 25, D. C.		<b>7. PERIOD OF REPORT</b>			
		FROM (D, M, Y)	TO (D, M, Y)	DUTY DAYS	OTHER DAYS
		1 May 56	17 Oct 56	126	44
<b>8. REASON FOR REPORT</b> <input type="checkbox"/> Annual <input type="checkbox"/> Change duty rated officer <input type="checkbox"/> Change duty rating officer <input type="checkbox"/> Other (Specify)		<b>9. BASIS FOR RATING OFFICER'S ENTRIES</b> <input checked="" type="checkbox"/> PCS rated officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Close daily contact <input type="checkbox"/> Frequent observation <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Reports and records			
<b>10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS 9300, job assignment, and briefly describe major additional duties).</b>					

11. OFFICER CHARACTERISTICS	RATER			INDORSER		
	UNKNOWN	UNSATISFACTORY	SATISFACTORY	UNKNOWN	UNSATISFACTORY	SATISFACTORY
a. How effective is this officer in the maintenance of supply discipline?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. How effective is this officer in utilization of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.		
d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.		

**12. DESCRIPTION OF RATED OFFICER AND COMMENTS.** Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days ( ) and discuss strengths and weaknesses exhibited in combat.

a. Comments of rating officer

An animated imaginative officer. Impetuous, verbose in talk, he is more realistic in action. He has an agile mind which does not take well to discipline. Speaks French fluently. In able to develop and work with foreign personnel at all levels. Extremely adaptable.

b. Comments of indorsing officer

I do not know the rated officer well enough to complete the reverse side of this report.

This Officer is particularly well suited for unconventional warfare operations.

<b>13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT</b> Under My Supervision: Chief of Station, GS-15	<b>14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT</b> Under My Jurisdiction: Branch Chief, GS-15
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-185 AND SR 600-185-1.	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-185 AND SR 600-185-1.
DATE 31 OCT	DATE
15. THIS REPORT HAS INCLOSURES. (Enter "N" if appropriate).	16. DATE ENTERED ON DA FORM 68 PERSONNEL OFFICER'S I ALS 17 Oct 56

DA FORM 67-3  
OCT 55

REPLACES DA AGO FORM 67-2, 1 SEP 50, WHICH WILL BE OBSOLETE 31 OCT 55.

RATED OFFICER'S NAME AND SERVICE NUMBER

COVEIN, Lucien E., O 1 22769

SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the INDETERMINATE column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER					INDORSER				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A Command a unit. Serves as a staff officer.					A				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B Specify: UW or Guerrilla Warfare Ops					B				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C Work as a specialist, professional person, or technician. Specify: Sabotage, GW, Special Forces					C				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D Conduct military instruction.					D				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc.					E				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F Carry out an assignment involving mostly administrative duties.					F				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G Represent your viewpoint in liaison activities.					G				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H Make decisions and take action in your name during your absence - e.g., act as your deputy.					H				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I Be responsible in an emergency requiring forceful leadership.					I				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J Other. Specify: Research & Development, Special Force Techniques					J				

Comment on and/or clarify above ratings if necessary

Subject's forte is not administration; he is a specialist in airborne and similar types of special operations demanding a high degree of initiative, energy, and perseverance.

\*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command

SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

	RATER	INDORSER
7. Exceeds any other officer I know in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
6. Outstanding performance of this duty found in very few officers.	<input type="checkbox"/>	<input type="checkbox"/>
5. Very fine performance of such a nature that this officer is a distinct asset to the service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Performs this duty in a competent, dependable manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Performs this duty acceptably.	<input type="checkbox"/>	<input type="checkbox"/>
2. Barely adequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
1. Inadequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

	RATER	INDORSER
6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.	<input type="checkbox"/>	<input type="checkbox"/>
5. Should give an outstanding performance when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
4. Should give a competent and dependable performance when promoted to next higher grade.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Should give a fairly adequate performance of duty when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.	<input type="checkbox"/>	<input type="checkbox"/>
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

	RATER	INDORSER
8. The most outstanding officer I know.	<input type="checkbox"/>	<input type="checkbox"/>
7. One of the few highly outstanding officers I know.	<input type="checkbox"/>	<input type="checkbox"/>
6. A very fine officer who is a great asset to the service.	<input type="checkbox"/>	<input type="checkbox"/>
5. A competent, dependable officer of distinct value to the service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. A typically effective officer.	<input type="checkbox"/>	<input type="checkbox"/>
3. An acceptable officer whose value is limited in some respects.	<input type="checkbox"/>	<input type="checkbox"/>
2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.	<input type="checkbox"/>	<input type="checkbox"/>
1. An officer who is not of the caliber that one should reasonably expect in an officer.	<input type="checkbox"/>	<input type="checkbox"/>

**OFFICER EFFICIENCY REPORT**

(AR 600-188 and SR 600-185-1)

**SECTION I**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>COHEN, Lucien E.</b>		2. SERVICE NO. <b>0 1 322 769</b>	3. GRADE <b>Maj</b>	4. BRANCH <b>Inf</b>	5. COMPONENT <b>USAR</b>
6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER <b>Spt. Gp. 8706th DU Washington 25, D. C.</b>		7. PERIOD OF REPORT			
		FROM (Da,mo,yr) <b>31 Apr '56</b>	TO (Da,mo,yr)	DUTY DAYS	OTHER DAYS
8. REASON FOR REPORT <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Change duty rated officer <input type="checkbox"/> PCS rated officer <input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Other (Specify)		9. BASIS FOR RATING OFFICER'S ENTRIES <input checked="" type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records			

10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOB, job assignment, and briefly describe major additional duties).

11. OFFICER CHARACTERISTICS	RATER			INDORSER		
	UNKNOWN	UNSATISFACTORY	SATISFACTORY	UNKNOWN	UNSATISFACTORY	SATISFACTORY
a. How effective is this officer in the maintenance of supply discipline?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. How effective is this officer in utilization of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.		
d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.		

12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days ( days) and discuss strengths and weaknesses exhibited in combat.

a. Comments of rating officer

**Has demonstrated outstanding leadership, including the ability to assess a situation correctly, make proper decisions on his own initiative, and cope with emergencies skillfully. Much of his duties were performed in territory in which enemy agents were active; some were performed under enemy fire.**

b. Comments of indorsing officer

I do not know the rated officer well enough to complete the reverse side of this report.

**An outstanding officer, thoroughly qualified technically in his field, practical, energetic and bold. Undertook difficult missions under most trying conditions and carried them out successfully.**

13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH,  <b>MAAG - Vietnam</b>	14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT <b>Edward G. LANSDALE, Colonel, 2534A, USAF, MAAG - Vietnam</b>
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-188 AND SR 600-185-1. DATE	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-188 AND SR 600-185-1. DATE    SIGNATURE <b>EG Lansdale</b>
15. THIS REPORT HAS    INCLOSURES. (Insert "0" if appropriate).	15. DATE ENTERED ON DA FORM 60 PERSONNEL OFFICER'S INITIALS

**DA FORM 67-3**  
1 OCT 53

REPLACES DA AGO FORM 42-2, 1 SEP 52,  
WHICH WILL BE OBSOLETE 31 OCT 53.

RATED OFFICER'S NAME AND SERVICE NUMBER

SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

	RATER						INDORSER					
	1	2	3	4	5		1	2	3	4	5	
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Command a unit. Specify:	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DO NOT WANT HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B Serve as a staff officer. Specify:	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOULD PREFER OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Work as a specialist, professional person, or technician. Specify:	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PLEASE TO HAVE HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Conduct military instruction.	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PREFER HIM TO MOST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc.	DO NOT WANT HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PARTICULARLY DESIRE TO HAVE HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Carry out an assignment involving mostly administrative duties.	WOULD PREFER OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Represent your viewpoint in liaison activities.	PLEASE TO HAVE HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Make decisions and take action in your name during your absence - e.g., act as your deputy.	PREFER HIM TO MOST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Be responsible in an emergency requiring forceful leadership.	PARTICULARLY DESIRE TO HAVE HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Other. Specify:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comment on and/or clarify above ratings if necessary

\*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command

SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

- 7. Exceeds any other officer I know in performance of this duty.
- 6. Outstanding performance of this duty found in very few officers.
- 5. Very fine performance of such a nature that this officer is a distinct asset to the service.
- 4. Performs this duty in a competent, dependable manner.
- 3. Performs this duty acceptably.
- 2. Barely adequate in performance of this duty.
- 1. Inadequate in performance of this duty.

SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

- 3. The most outstanding officer I know.
- 2. One of the few highly outstanding officers I know.
- 1. A very fine officer who is a great asset to the service.

SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

- 6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.
- 5. Should give an outstanding performance when promoted to next higher grade.
- 4. Should give a competent and dependable performance when promoted to next higher grade.
- 3. Should give a fairly adequate performance of duty when promoted to next higher grade.
- 2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.
- 1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.

- 3. A competent, dependable officer of distinct value to the service.
- 4. A typically effective officer.
- 3. An acceptable officer whose value is limited in some respects.
- 2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.
- 1. An officer who is not of the caliber that one should reasonably expect in an officer.

*Please Type*

OFFICERS EFFICIENCY REPORT WORK SHEET																																		
SECTION 1																																		
1. LAST NAME - FIRST NAME - MIDDLE INITIAL <i>COLEIN LUCIAN F</i>		2. SERVICE NO. <i>01237 769</i>	3. GRADE <i>MAJ</i>	5. COMPONENT <i>USAF</i>																														
6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER		7. PERIOD OF REPORT																																
		FROM (Do, mo, yr) <i>1 APR 68</i>	TO (Do, mo, yr) <i>31 APR 68</i>	DUTY DAYS <i>11</i>																														
8. REASON FOR REPORT		9. BASIS FOR RATING OFFICER'S ENTRIES																																
<input type="checkbox"/> Change duty rated officer <input checked="" type="checkbox"/> Change duty rating officer <input type="checkbox"/> Other (Specify)		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> PCS rated officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Close daily contact <input type="checkbox"/> Frequent observation <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Reports and records																																
10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS, job assignment, and briefly describe major additional duties)																																		
<i>Classified duties comparable to a Special Forces troop commander on an isolated mission</i>																																		
11. OFFICER CHARACTERISTICS																																		
<table border="1"> <thead> <tr> <th></th> <th colspan="2">RATER</th> <th colspan="2">INDORSER</th> </tr> <tr> <th></th> <th>UNKNOWN</th> <th>UNSATISFACTORY</th> <th>UNKNOWN</th> <th>UNSATISFACTORY</th> </tr> </thead> <tbody> <tr> <td>a. How effective is this officer in the maintenance of supply discipline?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. How effective is this officer in utilization of personnel?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>						RATER		INDORSER			UNKNOWN	UNSATISFACTORY	UNKNOWN	UNSATISFACTORY	a. How effective is this officer in the maintenance of supply discipline?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. How effective is this officer in utilization of personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days ( ) and discuss strengths and weaknesses exhibited in combat.																																		
a. Comments of rating officer																																		
13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT		14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT																																
		<i>EDWARD G. LANSDALE, COLONEL, 2534A, USAF, MAAG, VIETNAM</i>																																
I CERTIFY THAT THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-8-6 AND 600-8-7.		I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-8-6 AND 600-8-7.																																
DATE	SIGNATURE	DATE	SIGNATURE																															
15. THIS REPORT HAS _____ ENCLOSURES (None = 0)		16. DATE ENTERED ON DA FORM 65 PERSONNEL OFFICER'S INITIALS																																
		<i>FILE COPY</i>																																

RATED OFFICER'S NAME AND SERVICE NUMBER

**SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES**

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

	RATER						INDORSER				
	1	2	3	4	5		1	2	3	4	5
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on and/or clarify above ratings if necessary

\* For technical and administrative services, or staff, interpret this to mean managed responsibilities commensurate with command.

**SECTION III PERFORMANCE OF DUTY**

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

	RATER	INDORSER
7. Excels any other officer I know in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
6. Outstanding performance of this duty found in very few officers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Very fine performance of such a nature that this officer is a distinct asset to the service.	<input type="checkbox"/>	<input type="checkbox"/>
4. Performs this duty in a competent, dependable manner.	<input type="checkbox"/>	<input type="checkbox"/>
3. Performs this duty acceptably.	<input type="checkbox"/>	<input type="checkbox"/>
2. Barely adequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
1. Inadequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION IV PROMOTION POTENTIAL**

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

	RATER	INDORSER
5. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.	<input type="checkbox"/>	<input type="checkbox"/>
4. Should give an outstanding performance when promoted to next higher grade.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Should give a competent and dependable performance when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
2. Should give a fairly adequate performance of duty when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
1. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.	<input type="checkbox"/>	<input type="checkbox"/>
0. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION V OVER-ALL VALUE**

What is your estimate of the rated officer's over-all value to the service? Compare him with officer's of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

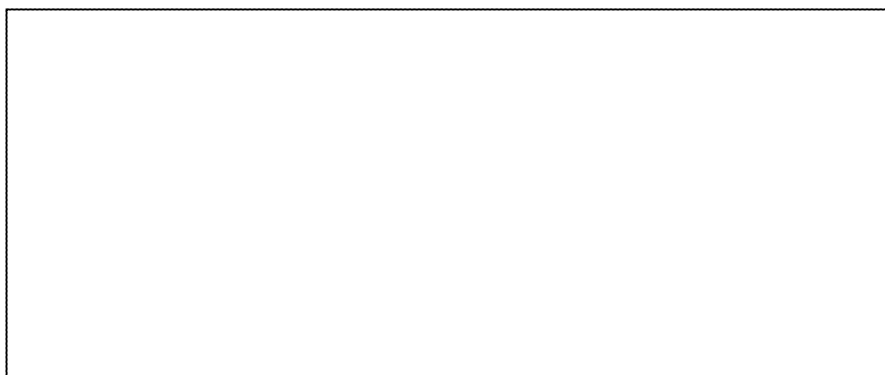
	RATER	INDORSER
8. The most outstanding officer I know.	<input type="checkbox"/>	<input type="checkbox"/>
7. One of the few high, outstanding officers I know.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. A very fine officer who is a great asset to the service.	<input type="checkbox"/>	<input type="checkbox"/>
5. A competent, dependable officer of distinct value to the service.	<input type="checkbox"/>	<input type="checkbox"/>
4. A typically effective officer.	<input type="checkbox"/>	<input type="checkbox"/>
3. An acceptable officer whose value is limited in some respects.	<input type="checkbox"/>	<input type="checkbox"/>
2. An officer who performs acceptably in a limited range of assignments but who could easily be replaced.	<input type="checkbox"/>	<input type="checkbox"/>
1. An officer who is not of the caliber that one should reasonably expect in an officer.	<input type="checkbox"/>	<input type="checkbox"/>

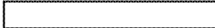


SECRET

13 August 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION  
SUBJECT : Major Lucien E. CORREIA



  
Chief, Far East Division

STANDARD FORM 52 PREPARED BY THE U. S. CIVIL SERVICE COMMISSION BUREAU OF PERSONNEL WASHINGTON, D. C.		<b>REQUEST FOR PERSONNEL ACTION</b>		<b>UNVOUCHERED</b>	
<b>REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.</b>					
<b>1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)</b> Major Lucien B. CORNIN		<b>2. DATE OF BIRTH</b> 29 Nov. 1919	<b>3. REQUEST NO.</b>	<b>4. DATE OF REQUEST</b> 4 May 56	
<b>5. NATURE OF ACTION REQUESTED.</b> <b>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)</b> Reassignment		<b>6. EFFECTIVE DATE A. PROPOSED:</b>	<b>7. C 3 OR OTHER LEGAL AUTHORITY</b>	<b>B. APPROVED:</b> JUL 29 1956	
<b>8. POSITION (Specify whether establish, change grade or title, etc.)</b>		<b>9. POSITION TITLE AND NUMBER</b>	<b>10. SERVICE, GRADE, AND SALARY</b>	<b>11. ORGANIZATIONAL DESIGNATIONS</b>	
<b>12. HEADQUARTERS</b>		<b>13. FIELD OR DEPARTMENTAL</b>	<b>14. POSITION CLASSIFICATION ACTION</b> NEW VICE I A REAL		
<b>15. APPOINTMENT PREFERENCE</b> NONE WAR OTHER S/PT IS POINT DISAB OTHER		<b>16. IS APPROPRIATION</b> FROM 6-3725-55-039 TO:	<b>17. SUBJECT TO C 5 RETIREMENT ACT (YES-NO)</b>	<b>18. DATE OF REPORTING AFFIDAVITS (ACCESSIONS ONLY)</b>	<b>19. LEGAL RESIDENCE</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
<b>20. STANDARD FORM 50 REMARKS</b>					
T/O change - no change in supervisor					
<b>B. REQUESTED BY (Name and title)</b> S. P. ...			<b>B. REQUEST APPROVED BY</b> Signature: _____ Title: _____		
<b>21. CLEARANCES</b>					
<b>A.</b>		<b>INITIAL ON SIGNATURE</b>	<b>DATE</b>	<b>REMARKS</b>	
<b>B. CEIL OR POS CONTROL</b>					
<b>C. CLASSIFICATION</b>					
<b>D. PLACEMENT OR EMPL</b>					
<b>E.</b>					
<b>F. APPROVED BY</b>					

USED IN LIEU OF SF50  
 NOTIFICATION ON PERSONNEL  
 ACTION

RECOMMENDATION FOR HONOR AWARD (REGULATIONS # 20-615 & AFR 20-535)		DATE
TO: Honor Awards Board		13 July 1953
THROUGH:	FROM:	
ACI	Chief of Justice, Saigon (Military)	
SECTION I PERSONAL DATA		
NAME OF PERSON RECOMMENDED (Last)	(First)	(Middle)
C. S. B. L. S.	Lucien	S.
POSITION TITLE	GRADE	
Parasitologist, Officer	Major, USAF	
OFFICE ASSIGNED TO	STATION	
228/VE-4	Headquarters <input type="checkbox"/> Field (Specify location) <input checked="" type="checkbox"/>	
SAIGON, Vietnam		
LEGAL RESIDENCE (Number, street, city, zone, state)		CITIZENSHIP AND HOW ACQUIRED
1235 N. Ninth St., Kansas City, Kansas		U.S. (Naturalized)
IF ANY OF THE ABOVE ITEMS WERE DIFFERENT FOR THE INDIVIDUAL RECOMMENDED AT THE TIME OF THE ACT OR SERVICE, INDICATE SUCH DIFFERENCES.		
NA		
RECOMMENDED AWARD	POSTHUMOUS	
Distinguished Intelligence Medal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME OF NEXT OF KIN	RELATIONSHIP	ADDRESS (Number, street, city, zone, state)
Corbin Corbin	Wife	2517 Alford St., Falls Church, Va.
IF PREVIOUS RECOMMENDATIONS WERE SUBMITTED FOR THIS ACT OR SERVICE, INDICATE TYPE OF AWARD RECOMMENDED, BY WHOM, DATE, ORIGINATING OFFICE, AND ACTION TAKEN.		
NA		
SECTION II RECOMMENDATION FOR AWARD FOR HEROIC ACTION		
WERE YOU AN EYEWITNESS TO THE ACT?		IF ORIGINATOR IS NOT AN EYEWITNESS, ATTACH AFFIDAVITS OR CERTIFICATES OF EYEWITNESSES OR INDIVIDUAL HAVING PERSONAL KNOWLEDGE OF THE FACTS.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PERSONNEL IN IMMEDIATE VICINITY OR WHO ASSISTED IN ACT OR SHARED IN SAME HAZARD:		
FULL NAME	POSITION TITLE	GRADE
OFFICE ASSIGNED TO		
LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECOMMENDED FOR AWARD FOR PARTICIPATING IN ACT:		
FULL NAME	TYPE OF AWARD	
CONDITIONS UNDER WHICH ACT WAS PERFORMED:		
LOCATION	INCLUSIVE DATES	TIME OF DAY
PREVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED		
SECTION III RECOMMENDATION FOR AWARD FOR ACHIEVEMENT OR SERVICE		
OFFICE, COMPLETION DATE, AND OTHER DATA PERTAINING TO ASSIGNMENT		
INCLUSIVE DATES FOR WHICH RECOMMENDED	ASSIGNMENT	NOT IN SAME OR RELATED ASSIGNMENT

See file

SECTION IV

TO BE USED FOR ALL RECOMMENDATIONS

NARRATIVE DESCRIPTION OF  DEED (OR ACT)  ACHIEVEMENT PERFORMED (OR SERVICE PROVIDED)

AWARD FOR HEROIC ACTION: WAS ACT VOLUNTARY? DESCRIBE WHY ACT WAS OUTSTANDING AND IF IT WAS MORE THAN NORMALLY EXPECTED. IF IN AERIAL FLIGHT, DESCRIBE TYPE AND POSITION OF AIRPLANE, CREW POSITION OF INDIVIDUAL, AND ALL UNUSUAL CIRCUMSTANCES. INDICATE DATES OF ACT.

AWARD FOR ACHIEVEMENT OR SERVICE: TITLE AND DUTIES OF ASSIGNMENT, INCLUDING CHARACTER OF SERVICE DURING PERIOD FOR WHICH RECOMMENDED. GIVE COMPLETE DESCRIPTION OF TECHNICAL OR SPECIALIZED POSITIONS, INCLUDING DATES OF ASSIGNMENT AND SERVICE. WHAT DID THE INDIVIDUAL DO THAT MERITS THE AWARD? WHY WAS THIS OUTSTANDING WHEN COMPARED TO OTHERS OF LIKE GRADE AND EXPERIENCE IN SIMILAR POSITIONS? INDICATE RESULTS OF ACHIEVEMENT OR SERVICE.

See enclosed

RELATES POSITION OF PERSON INITIATING RECOMMENDATION TO PERSON BEING RECOMMENDED  
See HISTORY

NAME, POSITION TITLE, AND GRADE OF PERSON MAKING RECOMMENDATION  
See HISTORY

Signature  
Date

LIST OF ENCLOSURES (include proposed citation)

1. Envelope contents

SIGNATURE

DATE

15 June 1975

**LUCIEN COCIN**

1. Served with the Saigon Military Mission from 1 July 1954 to 20 April 1955; although he has served in Saigon at another station from September 1955 to date, he has voluntarily supported GSI activities in his spare time. Cocin's major duties have been in the paramilitary field, with contributions and support to a wide variety of other activities.

2. In July and early August 1954, Cocin served as assistant to the Chief of SMI. As such, he helped in making contact with Vietnamese political underground groups in Tonkin and Cochinchina, assisted in the initial survey of the Vietnamese resistance potential in Tonkin, aided in GSI political efforts to stop the assassination of French military by Vietnamese revolutionaries and participated in developing GSI's contacts with the Vietnamese government.

3. In August 1954, additional paramilitary personnel reported for duty with SMI and it was decided to place a separate GSI team in Tonkin to attempt to recruit, train, and place Vietnamese stay-behind forces there prior to the turn-over of the area to the Communist Vietnamese under the Geneva Agreement. However, sabotage had been done to the rail line between Hanoi and Vinh, and the lack of fuel and other supplies caused a complete halt to the stay-behind organization. It was then decided that the stay-behind organization would be placed in the area of Vinh and Thanh Hoa, and the area of Vinh and Thanh Hoa was to be the focus of operations. Important sabotage, which U.S. imposed limits, was successfully carried out.

4. The stay-behind organization was developed by Cocin personally. He was successfully backed up by his operational equipment in Tonkin, recruited secretly infiltrated, supervised overnight training, and secretly infiltrated the stay-behind organization into Tonkin successfully prior to the last phase of the Vietnam turn-over of Singapore security, 20 April 1955. All equipment was in place, the radio was, by 31 January 1955, which was an exact date of assembly since it had to be done under the increasing surveillance of Vietnamese secret security forces who penetrated the French-held area in early to mid-July. Covered in operation of personnel was completed over a 30-day period in March 1955.

5. Cocin's efforts included the construction of two oil depots of the Shell Gas Company and the use of the French rail line. Both depots were located in the area of Vinh and Thanh Hoa. Cocin's efforts were reported into SMI by GSI. Cocin's efforts were to be recognized at the last minute, to ensure that it would be done and Vietnam would have the necessary resources. The

Bus Company was accomplished with the witting help of its French manager, whose friendship was developed by Cozain; the exact operation was a unilateral operation by SSI.

6. The oil contamination took place just prior to the Vietnam takeover of Hanoi on 9 October 1954. Cozain, assisted by Frank Carters, gained entry to stored drums of the Bus Company's lubricating oil, opened the drums, and started pouring in the contaminant. Fumes from the contaminant overcame them in the enclosed storage space. Upon reviving, the two placed handkerchiefs over their faces and completed the task.

7. Surveys and plans also were made for other sabotage missions, which were later cancelled by U.S. decisions. The team was in place and capable of carrying out the missions.

8. On 11 January 1955, SSI had so multiple and complex a mission that personnel were re-organized into separate teams by operational duties rather than by geography. Cozain was appointed Chief of the White Team, which was responsible for all parajump and support operations. The latter included a skilled smuggling operation which successfully eluded Vietnam security agents and the International Commission (Poles, Russians, Canadians). Cozain's close friendship with the French Foreign Legion and with Corsican underworld elements was of assistance.

9. In April 1955, Corsican contacts started developing a liaison between SSI and the Binh Xuyen (police, opium, prostitution, and gambling) through Cozain. This was an attempt to establish a link between the two groups which was being made by the Binh Xuyen, SSI, and the French (American, Canadian, and British) forces in Vietnam. The Vietnamese National Army and the Binh Xuyen. It was a working party, since the staff of SSI had been in the Binh Xuyen since the takeover by the Binh Xuyen and Cozain's connections and advice by them. After several short-and-longer contacts, in which negotiations progressed towards a covert solution of the Binh Xuyen problem, the final contact was broken on 2 April by orders of the chief, SSI. Cozain was at the contact point when open fighting broke out in Saigon in the afternoon; it was feared that Cozain would be taken, and would be a martyr. (During the fighting on American 100th Airborne, as in a third contact which was also made by the Binh Xuyen, who mentioned his death as a threat to the chief of SSI. His close social friendship with Cozain was the only connection; SSI's cover contact, the Chief of Staff of the Binh Xuyen, was dead and his name was used as the alias of a taxi, introduced from a contact, since he had arranged the contacts in his personalized liaison file; SSI kept its own through the Binh Xuyen and joined the National Army; their side work was intended only to indicate the existence of Cozain and as a matter of fact in Saigon, with the Binh Xuyen; the psychological effect was that the Binh Xuyen would be intimidated by SSI).

10. Concia's practical solutions to problems, great resourcefulness, skill and knowledge of equipment as well as all phases of para-military operations, contributed materially to the success of the Saigon Military Mission in advancing U.S. objectives. Concia is a good, strong right-hand man in a tight spot and proved it in a number of tense situations during this assignment.

EDWARD G. LAHLEAL  
Colonel, USAF  
Chief, Saigon Military Mission

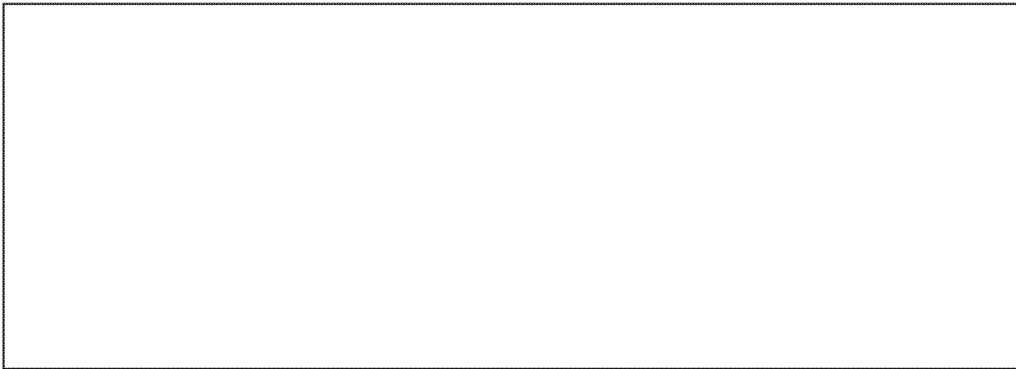
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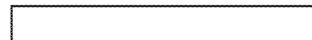
26 June 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION

SUBJECT : Request for Orders -  
Major Lucien E. COMEIN

REFERENCE : IN 33577, dated 22 June 1956



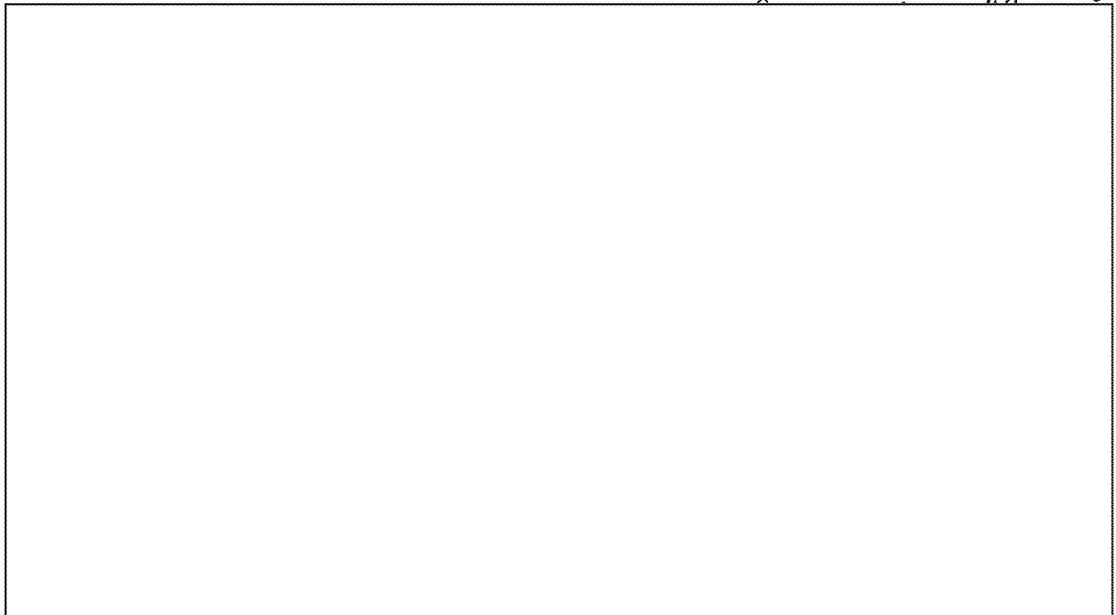
  
Chief, Far East Division



24 May 52.

Lucien E. Corvair

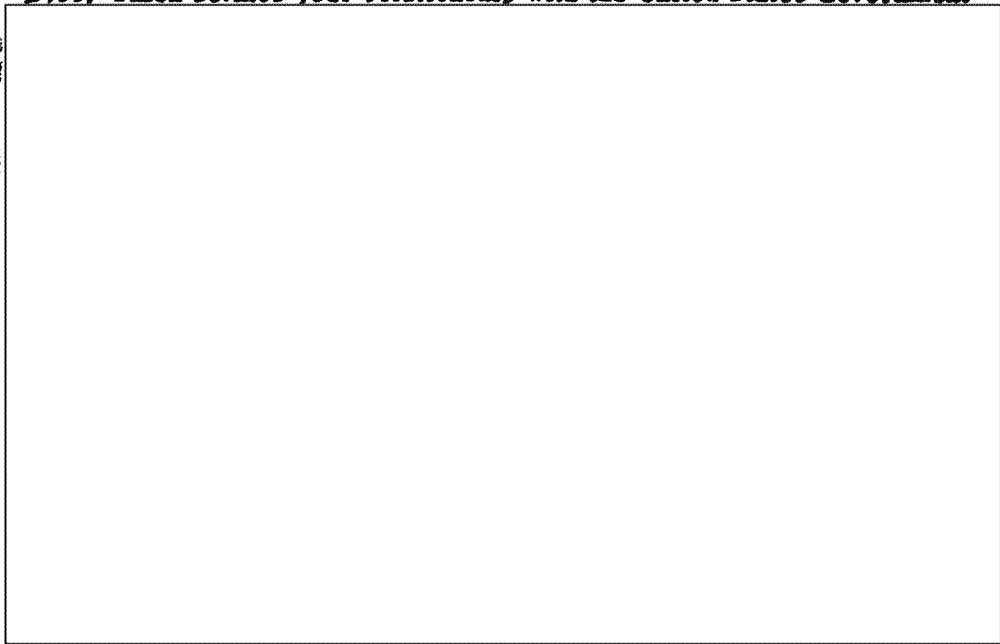
date of rank: 27 Dec 50 (Promoted to Major and  
inactive reserve effective



SECRET

AMENDMENT TO  
LETTER OF AUTHORIZATION FOR [REDACTED]

Reference is made to your Letter of Authorization, effective <sup>12 APRIL</sup> ~~27 OCTOBER~~ 1955, which defines your relationship with the United States Government



UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

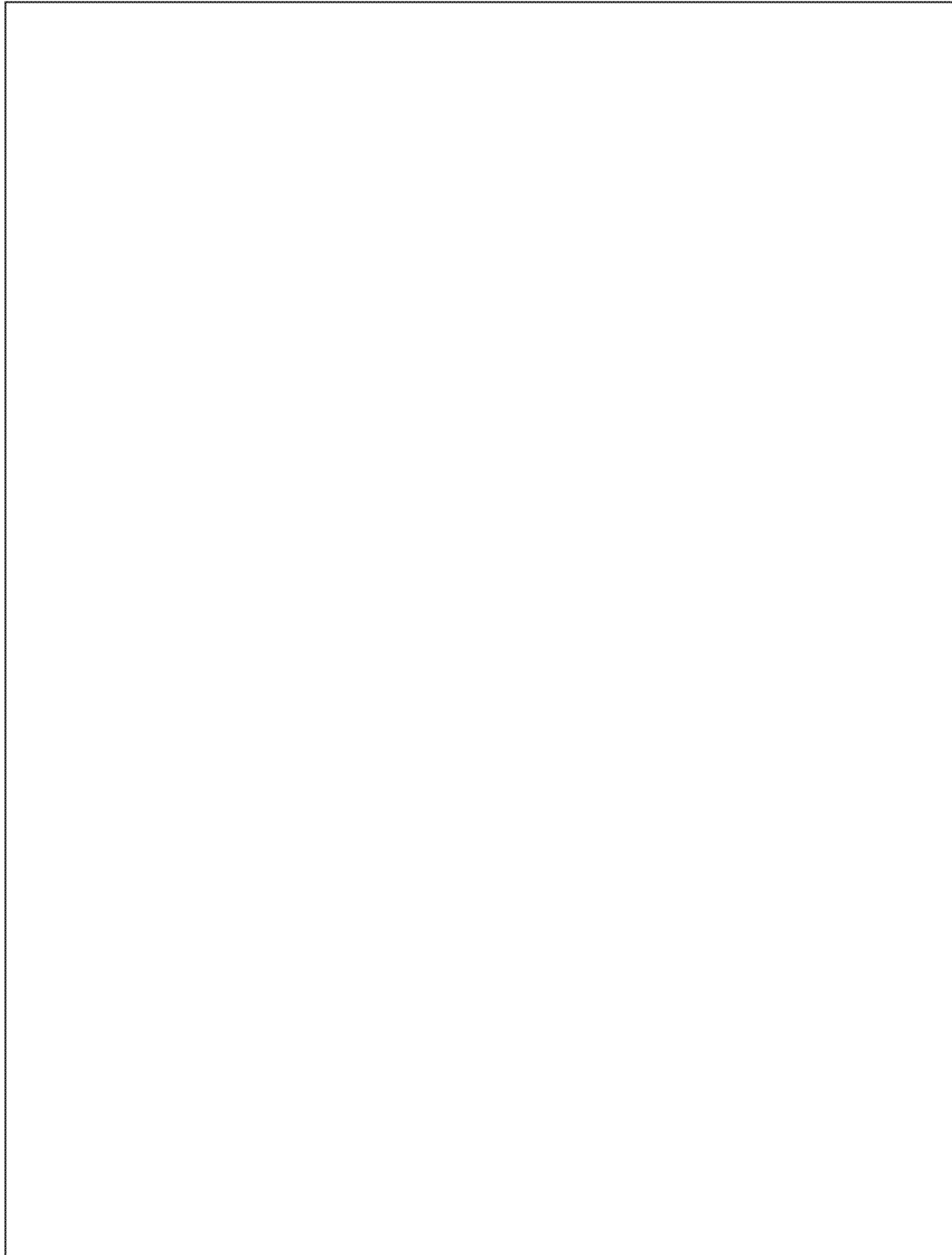
REVIEWED: ✓

SECRET

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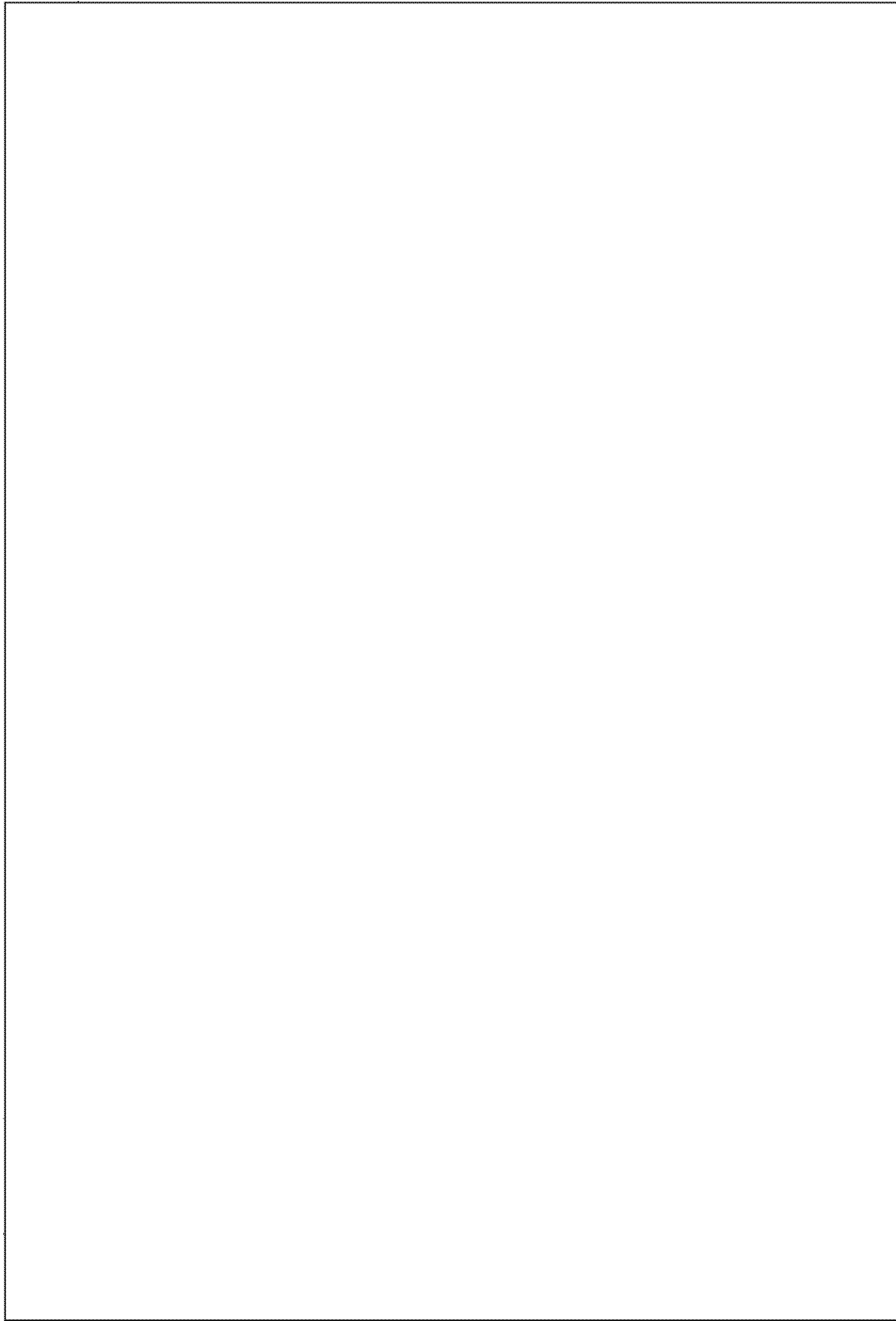
LETTER OF AUTHORIZATION FOR ~~XXXXXXXXXXXXXXXXXXXX~~ (S)

<sup>12 APRIL 1956</sup>  
EFFECTIVE 27 October 1955



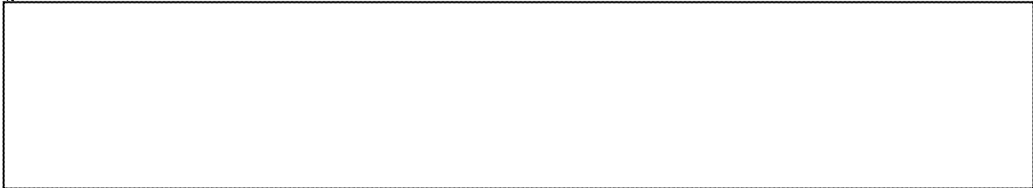
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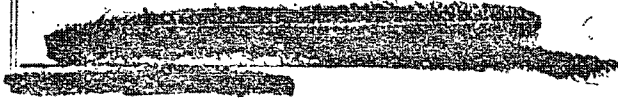
SECRET



UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACKNOWLEDGED:



REVIEWED:

Caw  
Chief, Military Personnel Division

SECRET

4-2  
SECRET

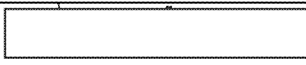
10 April 1956

MEMORANDUM FOR THE RECORD

SUBJECT: CONEIN, Lucien - Major



SECRET



Support/VN

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 FEDERAL PERSONNEL  
 MANUAL, CHAPTER III

**REQUEST FOR PERSONNEL ACTION**

CLASSIFY

**REQUESTING OFFICE:** Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.-Miss-Mrs.- One given name, initial(s), and surname) **Miss Lucienne C. Corp. H** 2. DATE OF BIRTH **20 Nov. 1927** 3. REQUEST NO. 4. DATE OF REQUEST **18 April 1956**

5. NATURE OF ACTION REQUESTED:  
 A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) **SEPARATION** 6. EFFECTIVE DATE PROPOSED: **27 OCT 55** 7. C. S. OR OTHER LEGAL AUTHORITY

B. APPROVED: **6 Nov 55**

8. POSITION (Specify whether establish, change grade or title, etc.)

FROM: <b>Area One Station Hanoi, USA</b>	<b>SEP-2160</b>	9. POSITION TITLE AND NUMBER	TO: <b>Ops Station (PP) #2160 Hanoi, USA</b>
<b>NEW FC Station 4 - Intermediate Station - Hanoi, USA</b>		10. SERVICE, GRADE, AND SALARY	
<b>Hanoi, Vietnam</b>		11. ORGANIZATIONAL DESIGNATIONS	<b>Ops Station - Intermediate Station Hanoi, Vietnam Field Ops #</b>
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. HEADQUARTERS	<b>Hanoi, Vietnam</b>
		12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <b>SRIP</b>

A. REMARKS (Use reverse if necessary)  
**\* Subject could PCS Saigon on 27 Oct 55 (see OAS for 90 days prior to this date)  
 SUBJECT EXTENDED LEAVE 31 OCTOBER 1955.**

*To be corrected 6 Nov 56*

B. REQUESTED BY (Name and title) \_\_\_\_\_ D. REQUEST APPROVED BY \_\_\_\_\_

13. VETERAN PREFERENCE

NAME	WAR	OTHER	SP1	10 POINT
				DISAB OTHER

14. TO APPLICABLE EDUCATION ACTION

NEW	VICE	1 A	1 B	1 C	1 D	1 E
-----	------	-----	-----	-----	-----	-----

15. SEN. 16. RACE 17. APPROPRIATION FROM: **2-3-2-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100** TO: **8-11-2** 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 20. LEGAL RESIDENCE STATE:  CLAIMED  PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL SIGNATURE	DATE	REMARKS
A.			
B. CIVIL OR PCS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

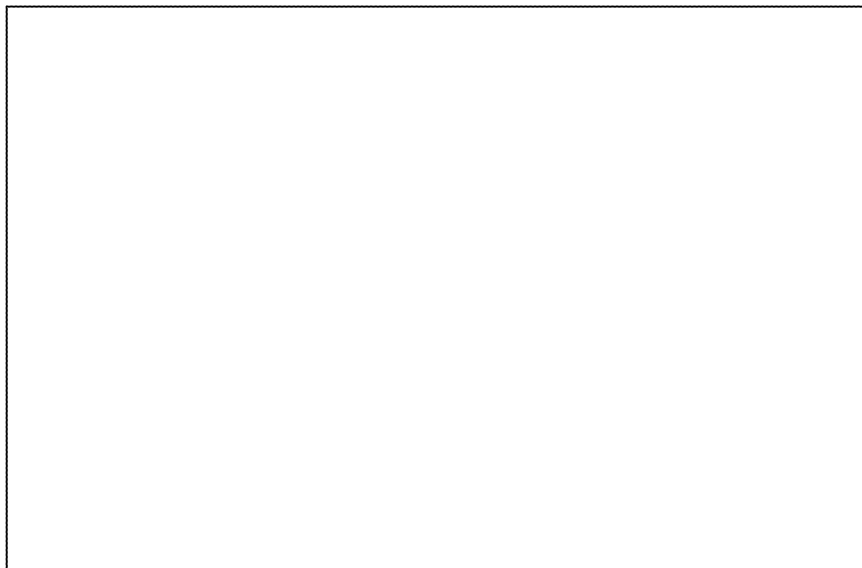
F. APPROVED BY \_\_\_\_\_

SECRET

16 SEP 1955

MEMORANDUM FOR: Chief, FE

SUBJECT: Letter of Commendation - Major Lucien E. Conain



Attachment - ltr from Sec of CG  
dtd 11 Sep 55.

Ltr to S/A from  
Lt Gen Cabell, dtd  
27 Aug 55.

SECRET



17-11-7

VIA AIR  
(Specify Air or Sea Route)

DISPATCH NO. FM 205

**SECRET**  
CLASSIFICATION

*Cancelled  
in RI-  
18 Aug 51  
Dayton*

TO Senior Representative, Indochina

DATE \_\_\_\_\_

FROM Chief, FE

SUBJECT { GENERAL Administrative - Personnel  
          SPECIFIC Assignment of ████████ and VILLIERS

REF: a. SAIG 2922  
      b. DIR 49205

1.

2.

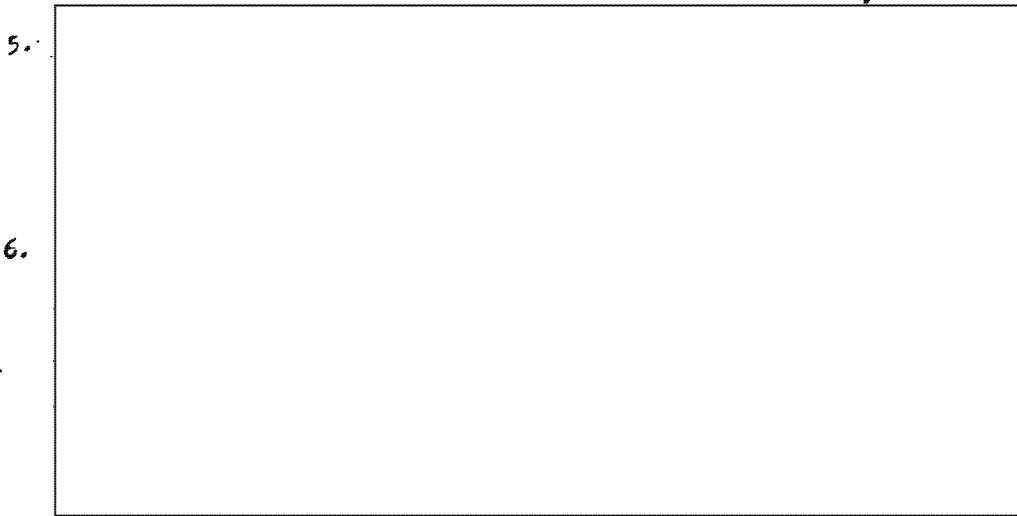
3.

4.

**SECRET**  
CLASSIFICATION

SECRET

~~EVIAN-576~~  
page 2



*f* William H. Dwyer  
CHARLES F. WYNNICK

*For the record, now!*

*WHTS*  
*6 July 1954*

15 May 1954

Distribution:  
Addressee - Orig & 2

SECRET

CUMULATIVE TRAINING RECORD					DATE
NAME <b>Lucian E. Conein (Major)</b>					<b>3 August 1955</b>
PROJECTED PERSONNEL ACTION					
PROMOTION		REASSIGNMENT		OTHER (Explain)	
ROTATION		TRAVEL			
FROM <b>Area Ops Off FE/Saigon, Major</b>			TO: <b>Area Ops Off FE/Haiphong Maj.</b>		
E			DATE TAKEN		
COURSE			DATE TAKEN		
BASIC ORIENT. ALSO BIC, BITC, SSC, SIP, PH I			BIC SPS. 1 2 2 4 8		
CLAND. M & T ALSO CC, PH II			August 51 WAR. SPS 1 2 2 4 8		
CLAND. OPS. ALSO AIC, AITC, SOC, CAI, PH III			September 51 CLAND. FLD. ACT. 1 2 2 4 8		
ALSO COMB OPS ALSO PW, I-III, III PART			SUGA BAL 1 2 2 4 8		
CLAND. SERV. REV			BASIC PHOTO		
BOOKED COMMUNION			SEC. OPERATION		
ADM. COMM. OPS.			LOGS		
ADMIN PROCEDURES			SECRET WRITING		
OPS. SUPPORT			FLAPS & SEALS		
TRADECRFT PHASE			TRAC. SMC FAN.		
ADMIN PHASE			OTHER TRAINING		
REPORTS			BIC		
ORDER OF BATTLE			September 51		
COUNTERESPIONAGE			BIC		
ADV. COUNTER- ESPIONAGE					
OPS SECURITY					
PLAN PLANS					
PLANS PLANS					
PLANS OPS					
TECH. OPS					
OPS TECH					
OPS ON ESCAPE					
OPS					
MILIT TECH. ALSO CIV TECH.					
COM & FREQUENCY					
SEC. IMPROVE.					
OPS PLANS					
OPS COMBAT					
RECON OPS					
REMARKS:					
1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING.					
2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.					
TRAINING OFFICER COMMENTS:					
<input type="checkbox"/> A. THIS DOES (NOT) MEET TRAINING STANDARDS RE QUALIFICATION FOR THE PROJECTED ACTION.					
<input type="checkbox"/> B. SUBJECT IS CURRENTLY ENROLLED IN COURSES MARKED WITH AN "S", THE COMPLETION OF WHICH WILL SATISFY BASIC QUALIFYING STANDARDS.					
<input type="checkbox"/> C. UNLESS SUBJECT HAS HAD PREVIOUS HQ. OR FIELD EXPERIENCE WHICH CAN BE ACCEPTED IN LIEU OF TRAINING, SUBJECT SHOULD BE REQUIRED TO TAKE <input type="checkbox"/> QUALIFYING <input checked="" type="checkbox"/> REFRESHER <input type="checkbox"/> TRAINING AS CHECKED AT THE LEFT <input type="checkbox"/> SOONEST <input type="checkbox"/> UPON RETURN TO HQ.					
<input type="checkbox"/> D. WAIVER AND CC. SHOULD BE REQUESTED FOR THOSE COURSES MARKED WITH A "W".					
<input type="checkbox"/> E. RECOMMENDATIONS FOR ADDITIONAL TRAINING MUST BE MADE <input type="checkbox"/> DATE THESE RECOMMENDATIONS HAVE NOT BEEN MET.					
DIVISION TRAINING OFFICER					
STAFF TRAINING OFFICER					
FROM: Career Management Officer					
I have approved/disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.					
Please schedule these courses as soon as possible through your Division Training Officer and will coordinate with the Senior Staff Training Officer.					
SIGNATURE OF CAREER MANAGEMENT OFFICER					

SECRET

13-4 251

276

CLASSIFIED MESSAGE

*TU SPUN - A*

DATE : 29 JUL 55

S-E-C-R-E-T

ROUTING			
1	<i>UN/SAIG</i>	4	<i>CP/16</i>
2	<i>UN/SAIG</i>	5	<i>CP/16</i>
3	<i>UN/SAIG</i>	6	<i>CP/16</i>

TO : DIRECTOR

FROM : SAIGON

JUL 30 1955

ACTION: FE 7

INFO : FI/RI 2, SSA, FD 3, OL/TO 2, OP 2, S/C 2

*CFE/4/UN JP*  
*UN/PP*  
*UN/PTT*  
*VN/FE*

SAIG 7807 (IN 30141)

1657Z 29 JUL 55

ROUTINE

PRECEDENCE

CITE: SAIG

TO: DIR



*FE/4/S*

END OF MESSAGE

*full  
copy*

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

CLASSIFIED MESSAGE

*TUYPHIA US*

DATE : 19 JUNE 1955

SECRET

1	<i>Ch...</i>	4	<i>6/14</i>
2	<i>Ch...</i>	5	<i>6/14</i>
3	<i>Sm...</i>	6	<i>PP PM</i>

TO : DIRECTOR

FROM : SAIGON

ACTION: *FE 7* JUN 20 1955

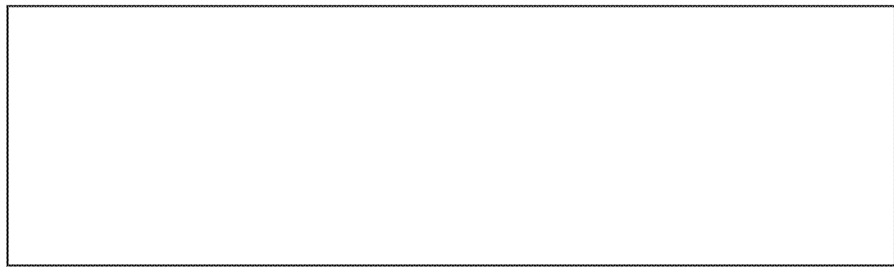
INFO : *FE 7* FI/ADMIN, FI/R 1 2, PP 2, PP/OPS, SSA, FU 4, OL/TD 2, OP 3, S/C *etc*

*C/VN*  
*PM*  
*PP*  
*FE 7/S*

SAIG 7344 (IN 15400)

0308Z 20 JUN '55

ROUTINE PRIORITY



END OF MESSAGE

*Concern*  
*Reference 207*

SECRET

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE Copy No.

STANDARD FORM 52  
 PROPERTY OFFICE OF THE  
 U. S. CIVIL SERVICE COMMISSION  
 JANUARY 1955 EDITION  
 MANUAL CHAPTER 11

SECRET

UNVOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) <b>Major Lucian R. CORBIN</b>		2. DATE OF BIRTH <b>09 Nov. 1919</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1 Dec. 54</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:		7. C-5 OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether established, change grade or title, etc.)		B. APPROVED: <b>JAN 2 1955</b>		

A. REMARKS (Use reverse if necessary)

No fitness report necessary as subject's supervisor remains the same.

B. REQUESTED BY (Name and title)

C. REQUEST APPROVED BY

13. VETERAN'S PRESENT STATUS				14. POSITION CLASSIFICATION ACTION			
NONE	WAR	OTHER	SIT	13 POINT	DISAB.	OTHER	
15. SAL. GRADE	16. FROM	17. APPROPRIATION	18. SUBJECT TO C-5 RETIRED ACT (YES-NO)	19. DATE OF DEPART- MENT AFFIDAVIT (ACCESSORS ONLY)	20. LEGAL RESIDENCY <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
		3-3789-55-033					

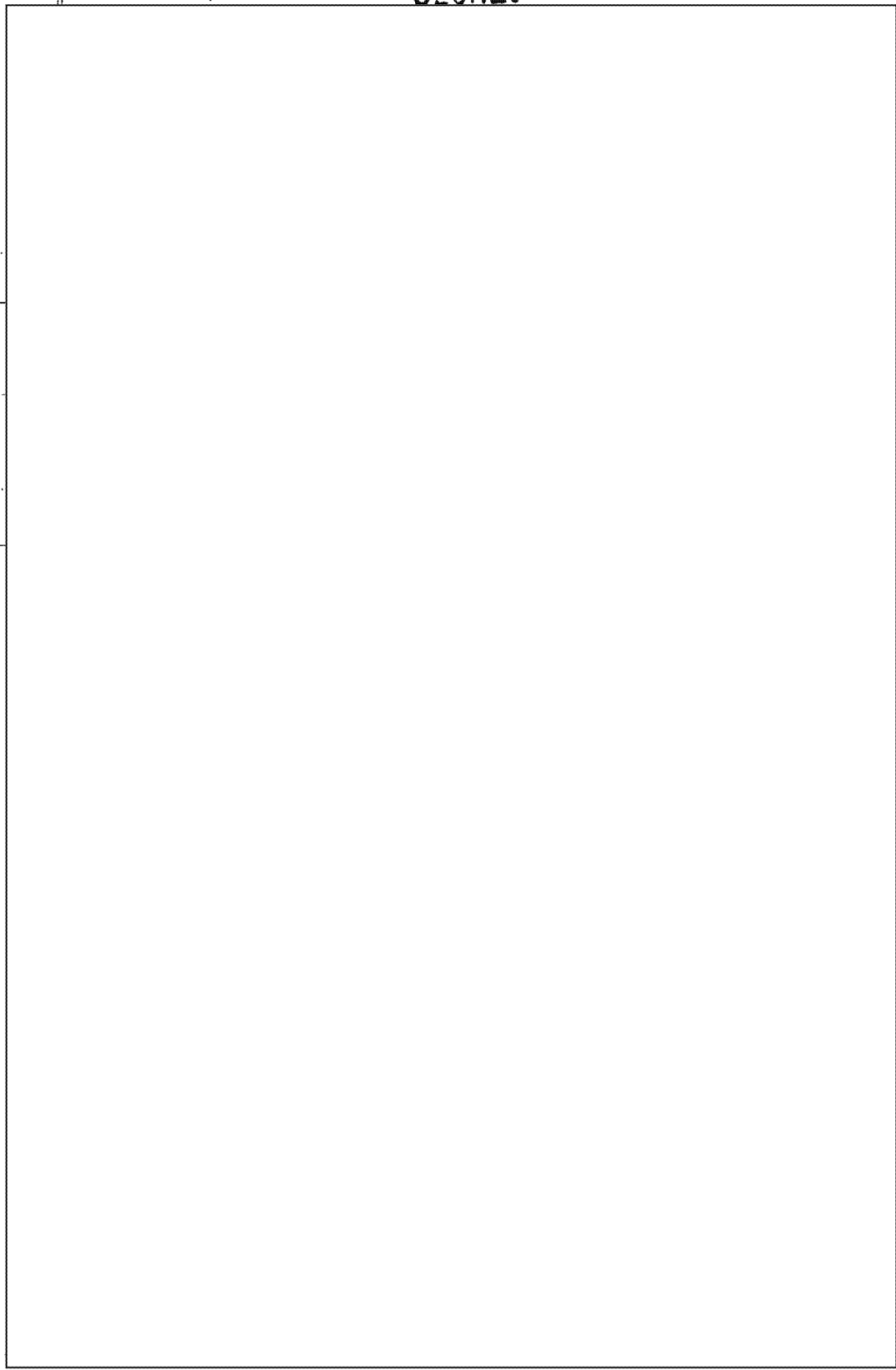
21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CERL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMP.			
E.			

F. APPROVED BY *Stanley T. Carter*  
 J. A. LIPP  
 COL, ASS



SECRET



SECRET

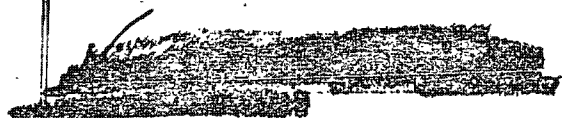


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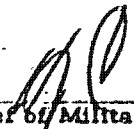
UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

ACKNOWLEDGED:

A large, dark, irregularly shaped redacted area covering the signature of the Contracting Officer.

REVIEWED:

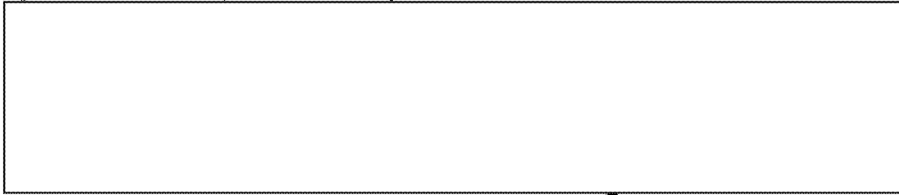
  
\_\_\_\_\_  
Chief of Military Personnel

SECRET

105E  
SE/1  
CAL

11 December 1953

MEMORANDUM FOR: Mr. John H. Richardson  
FROM: Major Lucien E. Conein



*Lucien Conein*

Attachment.

11 December 1953

Dear Dick,

You will recall that it was my intention in 1951 to civilianize and assume a staff position upon my return from Germany. Since my return last August, however, I have decided to return to the Army and, accordingly, I signed a statement of category to this effect on 1 December 1953.

This decision is in no way a reflection on you or members of your staff but rather recognition that I cannot afford to civilianize due to my personal obligations. I intend to inform John Richardson of my action at the same time you receive this letter.

Since I am at present holding a slot, I think it is only fair to all concerned to have it filled by a qualified person before my departure.

I want to thank you and Gordon for the trust you have given me in the past. You may rest assured that I will always be glad to be of service to the Agency in the military if the need should ever arise.

Yours truly,

**Geographic Area Knowledge:**

Country or Region	General or Specialist (Specify)	How Knowledge was acquired	When Acquired
1 France - Algeria	Military	OSS WWII	1944-45
2 Indo China - Viet Nam	Mil - Pol	OSS - CIA	1945-1954
3 East Africa - Sudan	Int. - Pol	SSU - CIA	1945-1954

Language Ability:	Competence (R-Read; W-Write; S-Speak)	How Acquired (Reside, Native, Contact, Study)
1 French	S & W	NATIVE
2		
3		

**Employment History (Major Time Periods Only)**

Employer or Firm	Location	Job Description or Duties	Inclusive Dates
1. [Redacted]		STANDARD PRESS MAN, TYPE SETTER	1935-1940
2			
3			
4			
5			

**Martial Status** (Date of Marriage) 20 MAR 52 Place of Marriage DILLON, S.C.

Dependents Name	Date of Birth	Relationship	Citizenship	Present Address
1 ELYSIE R	1 OCT 21	Wife	USA (NAT)	
2 THOMAS P	11 APR 54	Son	USA	
3 PHILIPPE	16 NOV 59	Son	USA	
4 DIVORCED MARIE-ANNE FERRAS		Veget. Dec 47	PARIS, FRANCE	
5 DIVORCED CARMEN L...	26 MAR 57		WYANDOTTIC COUNTY, KANSAS	
6 CHARLES M COCHRAN	30 MAR 50	SON	USA	4434 KANSAS AVE, VA.
7				

Permanent Address & Phone 1405 N 10th St, KANSAS CITY, KANSAS  
 Alternate Address & Phone MRS STELLA COCHRAN 150 MONTELEONE ST, MONTELEONE, CALIF - 10-1248  
 Name (P) [Redacted] True Name COCHRAN, LUCIAN E.

**Special Qualifications (Pilot, Code radio operator, SCUBA Diver, etc.)**

Skill or Hobby	Proficiency	Skill or Hobby	Proficiency
1 FREE FALL PARACHUTE	Good	2	
3		4	

**Operational or Combat Experience (W.W.II, Korea, Laos, Viet Nam, Other)**

Theater, Region, or Country France Time period 1944-45 Assignments or Duties (Plat Ldr; Case Off; etc) [Redacted]

1 FRANCE	1944-45	[Redacted]
2 [Redacted]	1945-46	[Redacted]
3 [Redacted]	1946-47	[Redacted]

Military Service: Component US Army Branch Infantry Date entry on Active Duty 27 Sept 41  
 Total Period Active Duty 29 months Rank when separated 1st Lt Current Status Retired

Major Military Schools attended			Major Military Assignments		
Type School & Name & Length	Date Completed	Duties (or Position) & Time Period	Country		
1 OCS Ft Benning (9 mo)	Jul 43	1st Lt - 1st SS Div - 1943-44	USA		
2 Special Warfare (6 week)	Dec 43	2nd Lt - 1st SS Div - 1943-44	USA		
3		3rd Lt - 1st SS Div - 1944-45	USA		
4		4th Lt - 1st SS Div - 1945-46	USA		

Agency Service: Date entry active duty Sept 61 Type employment Agency - [Redacted]

Agency Training			Agency Assignments		
Type Training	Period	Date completed	Duties	Time Period	Country (a)
1 FBI OPS		Oct 52	1st Lt FBI OPS	1946-1952	USA
2 RFD - 2nd AM, 3rd AM		Aug & Sept 57	2nd Lt RFD	1952-1957	USA
3			3rd Lt RFD	1957-1961	USA
4			4th Lt RFD	1961-1967	USA
5			5th Lt RFD	1967-1971	USA

Education: Highest level & date attained 77 Hours Citizenship 15 Mar 52  
 Date of Birth Nov 17 Place of Birth Paris, France  
 Date Available for re-assignment [Redacted] Special Clearances [Redacted]

Name [Redacted] Current Assignment [Redacted]

**SECRET**  
(When Filled In)

BIOGRAPHIC PROFILE (PART I)						
1. PERS. SERIAL NO.						
2. NAME (Last-First-Middle)			3. SEX	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE	
Conelin, Lucien E.			M	29 Nov 1919		
6. MARITAL STATUS	7. DEPENDENT(S) (Exclud. emp- ployee)	NO.	8. YEAR(S) OF BIRTH		9. US NATURALIZATION DATE(S)	
Married		4	29, 50, 58, 59			
10. CAREER STAFF STATUS	MEMBERSHIP	OTHER STATUS		11. LAST MED. RPT. QUAL. FOR	12. SPOUSE LEVEL FOR	
		contract nt				
13. CURRENT RESERVE STATUS	NONE SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT. -1	RELEASE TO MIL. SER. CAT. -2	TO BE DEFERRED CAT. -3	
14. ASSESSMENT DATE		13. PROFESSIONAL TEST DATE		14. LANGUAGE APTITUDE TEST DATE		
15. NON-CIA EMPLOYMENT						
16. NON-CIA EDUCATION						
High School, did not graduate 1949-53, Univ of Maryland, 77 sem hours						
17. FOREIGN LANGUAGE ABILITIES (Language, Profi- ciency, Date Tested)		French - fluent				
18. AGENCY SPONSORED TRAINING						
1951 - Operations training						
19. CIA EMPLOYMENT HISTORY SINCE 19 SEP. 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORIGIN TITLE (If any)	LOCATION		
Nov 1961	Career agent PROPS	13	DDP/SOD	Hqs		
Jan 1962	" " "	13	DDP/FE	Saigon		
Apr 1963	" " "	14	" "	"		
20. DATE REVIEWED		21. PROFILE REVIEWED BY		22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE		
Dec 1966		SOD/Pers/MTC				

SECRET

BIOGRAPHIC PROFILE

**Conein, Lucien E.**

**DOB: 29 November 1919**

**Married: Three sons, born 1950, 1958, 1959**  
**Naturalized U.S. Citizen, 11 Aug 1942 (Formerly French Citizen)**

**EOD: 12 November 1961**

**Current Reserve Status: U.S. Army Retired Reserves**

**Non-CIA Employment:**

1935-1940 - Printing, Pressman and Typesetter, F.R. Buckley  
Sept 1941 - Sept 1961 - U.S. Army, Lt./Col., Infantry

**Non-CIA Education and Training**

Mar-April 1943 - OCS, Ft. Benning, Ga.  
Nov 1943 - Mar 1944 - British Airborne School  
1949-1953 - University of Maryland, Mil. Science 77 Sem/hrs.  
1956 - Special Warfare School, Ft. Dragg, N.C.

**Foreign Languages:**

French-Fluent-Native of Country

**Agency Sponsored Training:**

Paramilitary Training

**CIA Employment:**

July 43-Dec 1945 - OSS-Special Mission to France and  
Indochina  
Jan 46-Jan 1951 - CIA Mission to Germany  
Nov 51-May 1952 - CIA-Chief of Nuernberg Operations Base  
1954-1956 - Detailed to CIA-Saigon Military Mission  
12 Nov 1961 - EOD as Career Agent  
19 Mar 1963 - Promoted to GS-14 step two equivalent

**Special Qualifications:**

Served as Military Liaison to J-2 SCS, Iranian Army  
1959-1961

SECRET