

This document is made available through the declassification efforts
and research of John Greenewald, Jr., creator of:

The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA)
document clearinghouse in the world. The research efforts here are
responsible for the declassification of hundreds of thousands of pages
released by the U.S. Government & Military.

Discover the Truth at: <http://www.theblackvault.com>

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 18 February 74	FILE NO. RC-12034
TO: (Check)	<input type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER 181-01-6133	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 059090	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) OER	ID CARD NUMBER	
ATTN:	Chief/OER Support Staff	OFFICIAL COVER	ESTABLISHED <input type="checkbox"/>
REF:	Verbal Request		DISCONTINUED <input checked="" type="checkbox"/>
SUBJECT	CHRIST, David L.	UNIT	Department of Army (<input type="text" value="32"/>)

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: From EOD
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	<input type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)
<input type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)	<input type="checkbox"/> EAA: CATEGORY I CATEGORY II
<input type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11)	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR _____ GENA HOSPITALIZATION CARD.
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK
<input type="checkbox"/> EAA. CATEGORY I CATEGORY II	
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY All be acknowledged... ...entire period of employ... ...is not to reveal specific... ...locations of cover assign... Subject retired Nov 1970	
DISTRIBUTION: COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SR&CD COPY 4 - OC-DO/TFB COPY 5 - CCS-FILE	<i>James H. Franklin</i> CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF