

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION (Always handcarry 1 copy of this form)		DATE 9 December 1959	
TO:	<input checked="" type="checkbox"/> CI/Operational Approval and Support Division	FROM:	
	Security Support Division/Office of Security	WHD	
SUBJECT: (True name) Manuel MACHADO Llosas		PROJECT	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES		CI/OA FILE NO. -8063 ✓	
		RI 201 FILE NO. 201-267298	
		SO FILE NO.	
TYPE ACTION REQUESTED			
<input checked="" type="checkbox"/>	PROVISIONAL OPERATIONAL APPROVAL	<input type="checkbox"/>	PROVISIONAL PROPRIETARY APPROVAL
<input checked="" type="checkbox"/>	OPERATIONAL APPROVAL	<input type="checkbox"/>	PROPRIETARY APPROVAL
<input type="checkbox"/>	PROVISIONAL COVERT SECURITY APPROVAL	<input type="checkbox"/>	COVERT NAME CHECK
<input 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		
USE OF INDIVIDUAL OR ACTION REQUESTED			
SPECIFIC AREA OF USE Mexico			
FULL DETAILS OF USE The Mexico City plans to use Subject to report on the activities of Cuban revolutionaries and possibly, due to his friendship with Fidel CASTRO and members of the Cuban Government, as a "political action" asset.			
INVESTIGATIVE COVER			
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
PRO AND GREEN LIST STATUS			
<input checked="" type="checkbox"/>	PRO I. OR EQUIVALENT. IN (2) COPIES ATTACHED	<input checked="" type="checkbox"/>	PRO II WILL BE FORWARDED
<input type="checkbox"/>	PRO II. OR EQUIVALENT. IN (1) COPY ATTACHED	<input checked="" type="checkbox"/>	GREEN LIST ATTACHED. NO: 97272
FIELD TRACES			
<input checked="" type="checkbox"/>	NO RECORD	<input type="checkbox"/>	NO INFORMATION OF VALUE
<input type="checkbox"/>	DEROGATORY INFORMATION ATTACHED. WITH EVALUATION	<input type="checkbox"/>	NOT INITIATED (Explanation)
<input type="checkbox"/>	WILL BE FORWARDED		
RI TRACES (Derogatory Information and Evaluation Attached)			
<input checked="" type="checkbox"/>	NO RECORD	<input type="checkbox"/>	RECORD
<input type="checkbox"/>	NON-DEROGATORY	<input type="checkbox"/>	DEROGATORY
DIVISION TRACES (Derogatory Information and Evaluation Attached)			
<input checked="" type="checkbox"/>	NO RECORD	<input type="checkbox"/>	RECORD
<input type="checkbox"/>	NON-DEROGATORY	<input type="checkbox"/>	DEROGATORY
SIGNATURE OF CASE OFFICER		SIGNATURE OF BRANCH CHIEF	
S. D. Burton, WH/3M		R. E. Dahlgren, C/WH/III	

FORM 11-55 772 USE PREVIOUS EDITIONS.

SECRET

(10)