

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

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				☐ CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
☒ BASIC COVER PROVIDED EFFECTIVE DATE EOD				EFFECTIVE DATE:			
☐ OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HBB 20-7)			
☒ SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HBB 20-7)				SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)			
☒ SUBMIT FORM 3254 64-40 W-2 TO BE ISSUED. (HBB 20-11) 97				EAA: CATEGORY I _____ CATEGORY II _____			
☒ SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)				RETURN ALL OFFICIAL DOCUMENTATION TO CCS			
☒ SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)				SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.			
☐ EAA. CATEGORY I _____ CATEGORY II ☒				DO NOT WRITE IN THIS BLOCK			
☒ SUBMIT FORM 2688 FOR ACP HOSPITALIZATION CARD							
REMARKS AND/OR COVER HISTORY							
27 Aug 51-Aug 62-Hqs-Overt Aug 62-Jul 67-Hqs-[DAC] 99 Jul 67-10 Aug 72-Mexico-[State-Nominal] 99 1 Sep 72-27 Jun 74-Hqs-[DAC] 99 28 Jun 74-10 Nov 76-Trinidad-State-Int.] 16-31 11 Nov 76-26 Feb 77-Hqs-[State-Int.] 99 27 Feb 77- -Hqs-[State-Nominal] 99							
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COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENTS COPY 3 - OS/SRD COPY 4 - OC-O/D/TFB COPY 5 - CCS-FILE				CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF 			