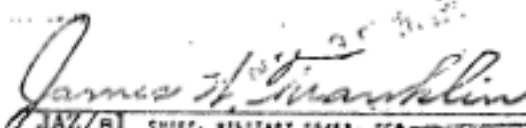


SECRET

- 3.34 3:11

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 February 74	RC-12034
TO: (C/Fac)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	TO 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
REF:	Verbal Request	<input checked="" type="checkbox"/>	DISCONTINUED
SUBJECT	UNIT		
CHRIST, David L.	Department of Army (JOG)		
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> EFFECTIVE DATE: From EOD	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ FOV _____ OTHER (Specify) _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254, CIA, W-2 TO BE ISSUED. (RR 240-11)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (RR 240-7)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (RR 240-7)	
SUBMIT FORM 3254, W-2 TO BE ISSUED. (RR 240-11)		<input checked="" type="checkbox"/> EAA: CATEGORY I CATEGORY II	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RR 240-24)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (RR 240-24)		<input checked="" type="checkbox"/> SUBMIT FORM 2686 FOR GEHA HOSPITALIZATION CARD.	
EAA, CATEGORY I CATEGORY II		DO NOT WRITE IN THIS BLOCK	
SUBMIT FORM 2686 FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
Subject will be acknowledged as CIA for the entire period of employment and is not to reveal specific places or locations of cover assignments.			
NOTE: Subject retired Nov 1970			
DISTRIBUTION: COPY 1 - CD - CPO COPY 2 - OPERATING COMPONENT COPY 3 - DISCARD COPY 4 - CD-SO/TFB COPY 5 - CCS-FILE		JLN: km <i>James A. Franklin</i> CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF	

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 21 January 1964
TO: <input checked="" type="checkbox"/> (Chief)	CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR CHRIST, David L.
	CHIEF, OPERATING COMPONENT, ORD, DD/S&T	
ATTN:	Admin Staff	FILE NO. K-2077
REF:	Form 1322 Requesting Cover, 27 Sept 1963	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		
<u>US Army Element, Joint Operations Group</u>		1452
<input checked="" type="checkbox"/> BLOCK RECORDS: OPERATIONAL PURPOSES ONLY <small>(OPRMO 20-800-12)</small> a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____ X b. CONTINUING, EFFECTIVE EOD _____		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. <small>(R 20-800-2)</small>		
<input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. <small>(R 20-451-1)</small>		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. <small>(R 240-220)</small>		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. <small>(R 240-220)</small>		
<input type="checkbox"/> REMARKS:		
<div style="text-align: right;">         JAZ/BI CHIEF, MILITARY COVER, DCS     </div>		

☐ COPY TO CPO/OP

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ASPD/COMPT

(13-20,43)