

| REQUEST FOR OFFICIAL COVER ACTION   |  | DATE  |
|---|--|---|
| 1. WHEN REQUESTING INITIAL COVER OR ON RETURN FROM OVERSEAS ROUTING SHOULD BE: (COMPLETE SECTION 1)   |  | 18 Nov. 76  |
| 2. WHEN CHANGE OR REMOVAL IS REQUESTED ROUTING SHOULD BE: (COMPLETE SECTION 2)  |  | FILE NO.  |
| TO: CCS/OFFICIAL COVER BRANCH:<br>(Use Form 610 Routing & Record Sheet)   | TO: CCS/OFFICIAL COVER BRANCH:<br>(Use Form 610 Routing & Record Sheet)                            | EMPLOYEE TELEPHONE NO.  |
| FROM: LA Security   | FROM: RETURN TO CIA<br>Backround Use Only<br>Do Not Reproduce                                      | FOUO WITH AGENCY  |
| THRU: OS/SSD  |  |   |
| SUBJECT'S TRUE NAME (last, first, middle)   |  | EMPLOYEE SERIAL NUMBER  |
| Bustos Videla, Charlotte  |  | 007567  |
| ESTABLISHMENT OF OFFICIAL COVER FOR SUBJECT IS REQUESTED.   |  | SOCIAL SECURITY NO.   |
|   |  | 069-24-3138   |
| S<br>E<br>C<br>T<br>I<br>O<br>N<br>1  | COVER REQUESTED:   | MILITARY <input type="checkbox"/> STATE <input checked="" type="checkbox"/> OTHER GOVT. AGENCY (specify)  |
|   | USE OF COVER:  | DOMESTIC ALL PURPOSE <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> INTEGRATED <input checked="" type="checkbox"/> NOMINAL <input type="checkbox"/> |
| SUBJECT'S CIA AFFILIATION: <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN VOLUNTARILY DECLARED OR INVOLUNTARILY EXPOSED TO ANY FOREIGN GOVERNMENT OR FOREIGN INTELLIGENCE SERVICE. THERE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ANY OTHER EXPOSURE OR COMPROMISE WHICH SHOULD BE CONSIDERED IN THIS REQUEST. (If an affirmative answer is given, provide details on separate attachment.) |  |   |
| JUSTIFICATION FOR REQUESTED ACTION:   |  |   |
| Ms. Bustos Videla is currently assigned to the <del>Integrated State</del> Station under Integrated State cover. It is requested that she be placed under Nominal State cover for her future Headquarters assignment.   |  |   |
| S<br>E<br>C<br>T<br>I<br>O<br>N<br>2  | CHANGE TO REMOVAL OF OFFICIAL COVER STATUS FOR SUBJECT IS REQUESTED.                               |   |
|   | JUSTIFICATION FOR REQUESTED ACTION:  |   |
| SIGNATURE AND TITLE OF REQUESTING OFFICER   |  |   |
| Jonathan G. Hanke, C/LA/PEMS  |  |   |
| FOR OFFICE OF SECURITY  |  |   |
| DO YOUR RECORDS REFLECT ANY EXPOSURE, COMPROMISE, SECURITY OR OTHER FACTORS WHICH SHOULD BE CONSIDERED IN MAKING A COVER DETERMINATION IN RESPONSE TO THE ABOVE REQUEST? (If the answer is affirmative, provide details on separate attachment.)  |  |   |
| OFFICE OF SECURITY  | NO PERTINENT INFORMATION <input checked="" type="checkbox"/> SEE ATTACHED <input type="checkbox"/> | SIGNATURE   |
|   |  | William J. Hunt   |
|   |  | DATE  |
|   |  | 24 November 76  |
| APPROVAL  |  |   |
| SIGNATURE   |  |   |
| DATE  |  |   |