

SECRET

FILE TITLE/NUMBER/VOLUME: *Coxie Lucia*

INCLUSIVE DATES: 11 Dec 53 - 13 Jan 76

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

**DELETIONS, IF ANY:** \_\_\_\_\_

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

14-00000

Contract Service - Arthur R. Schwickert (P)

Date	Action	Compensation Equivalent
	Former Military Detached to Agency.	
	Retired Reserve Officers	
12 Nov 61	Hired as a Career Agent with Civil Service Retirement, LPAs and PSIs,	11,415 GS-13 1/4
14 Oct 62	LPA	12,245 GS-13 1/4
28 Apr 63	Pay increase	13,270 GS-14 1/2
5 Jan 64	LPA	14,065 GS-14 1/2
26 Apr 64	PSI	14,515 GS-14 1/3
5 July 64	LPA	15,150 GS-14 1/3
25 Apr 64	PSI	15,640 GS-14 1/4
10 Oct 65	LPA	16,204 GS-14 1/4
3 July 66	LPA	16,675 GS-14 1/4
8 Oct 67	LPA	17,425 GS-14 1/4
9 Jan 68	Contract Terminated	17,425 GS-14 1/4
10 Jun 68	Contract Employee with Civil Service Retirement, LPAs and PSIs,	17,425 GS-14 1/4
14 Jul 68	LPA	18,641 GS-14 1/4
15 Jun 69	Contract Terminated	18,641 GS-14 1/4

GLUHLI

LNU M-156

SHAWICKRATH, ARTHUR R  
Job 69 731 6070

13 JAN  
1978

CI 055-76

Dileng

MEMORANDUM FOR: Director of Personnel

SUBJECT : Compromise of Cover

1. As a result of information obtained from reliable sources who served in Vietnam, we have established that the former Staff personnel listed on the attachment should be presumed to have been compromised as CIA employees to the North Vietnam Intelligence Service as of April 1975. We presume also that the identifications of these individuals as CIA employees were passed by the North Vietnamese to the Soviets.

2. Although the personnel listed in the attachment are no longer employed by CIA, nevertheless, I suggest that their official personnel records should be documented concerning the possible past compromise of their cover.

3. Please coordinate any action connected with this memorandum with Chief, CCS; Chief, CMG; and Chief, CI Staff.

*Glueck*  
George T. Kalaris  
Chief  
Counterintelligence Staff

Attachment: n/s

SECRET

REF ID: A63246

25 January 1974

Drug Enforcement Agency  
Office of Personnel  
Technical Support Section  
1405 1 Street, N.W.  
Washington, D.C. 20537

Attention: Ms. Mary Elliott

Dear Ms. Elliott:

In response to the request from your office of 16 January, the following is a transcript of the employment of LUCIEN E. CONEIN:

<u>Date</u>	<u>Action</u>	<u>Salary</u>
12 Nov 61	Contract Employee with Civil Service Retirement, Legislative Pay Adjustments and Periodic Step Increases	\$11,415 (GS-13/4 eq.)
14 Oct 62	Legislative Pay Adjustment	\$12,245 (GS-13/4 eq.)
28 Apr 63	Pay Increase	\$13,270 (GS-14/2 eq.)
5 Jan 64	Legislative Pay Adjustment	\$14,065 (GS-14/2 eq.)
26 Apr 64	Periodic Step Increase	\$14,515 (GS-14/3 eq.)
5 July 64	Legislative Pay Adjustment	\$15,150 (GS-14/3 eq.)
25 Apr 64	Periodic Step Increase	\$15,640 (GS-14/4 eq.)
19 Oct 65	Legislative Pay Adjustment	\$16,204 (GS-14/4 eq.)
3 July 66	Legislative Pay Adjustment	\$16,675 (GS-14/4 eq.)
8 Oct 67	Legislative Pay Adjustment	\$17,425 (GS-14/4 eq.)
14 July 68	Legislative Pay Adjustment	\$18,641 (GS-14/4 eq.)
15 July 68	Contract Terminated	\$18,641 (GS-14/4 eq.)

Attached is Standard Forms 176 and 1150. There is no record of Standard Forms 2809 and 2810. Perhaps his military retirement obviated the need for health insurance.

Cpl. Attn. [Signature]

Sincerely,

[Signature]

Roger Fowler  
Personnel Officer

Attachments



UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
Washington, D.C. 20537

Box 74 - 229

Jan. 16, 1974

Mr. John F. Blake  
Director of Personnel  
Central Intelligence Agency  
Washington, D.C. 20505

Re: Lucien E. Conein, SSN: 513-05-0926  
DOB: 11-29-19

Dear Mr. Blake:

An official transcript of service is requested for Mr. Conein, an employee with this agency. Mr. Conein was employed with your agency from November 11, 1961 to July 15, 1968. Request Standard Form 176, 1150, 2809 and 2810 be forwarded to Drug Enforcement Administration, Office of Personnel, Technical Support Section, Attn: Mary Elliott, 1405 I Street, N.W., Washington, D.C. 20537.

Enclosed is a Standard Form 50 showing Mr. Conein's employment with this Agency.

Thank you for your cooperation in this matter.

Sincerely yours,

*James R. Ballard*  
James R. Ballard  
Personnel Director

Enclosure  
AS

१५५

## **NOTIFICATION OF PERSONNEL ACTION**



**EMPLOYEE:** Keep this copy for your records. If you copy of this document is lost or destroyed, you will bring it to the attention of your supervisor or your personnel officer. Sign at bottom of page.

1 NAME (LAST, FIRST, MIDDLE) CONIN LUCILLE PATRICK				2 ADDRESS MR	3 ALIENAGE	4 PERIOD OF PAYMENT	5 SERVICE RECORD NUMBER
6 VETERAN PREFERENCE 1 REG 2 REG CONUS 3 REG CONUS 4 REG & OPT				7 TENURE GROUP	8 SERVICE COMB DATE	9 HANDICAP CODE	
10 REG CONUS 11 REG CONUS 12 NATURE OF ACTION CCR				13 RETIREMENT 1-CS 2-FICA 3-PS 4-NONE	14 EFFECTIVE DATE 15 PAY PLAN AND OCCUPATION CODE	16 GRADE OR LEVEL AND RATE	17 PAY PLAN AND OCCUPATION CODE
18 SALARY				19 NAME AND LOCATION OF EMPLOYING OFFICE	20 TOE POSITION TITLE AND NUMBER	21 PAY PLAN AND OCCUPATION CODE	22 GRADE OR LEVEL AND RATE
23 SALARY				24 NAME AND LOCATION OF EMPLOYING OFFICE	25 DUTY STATION/CITY, STATE, ZIP CODE	26 LOCATION CODE	

**TRANSCRIPT**  
Please Forward Official Personnel  
Statement and S.F. 1120 to:  
Drug Enforcement Administration  
Personnel Management Division  
1400 I Street, N.W.  
Washington, D.C. 20537  
**ATT: MARY ELLIOTT, Room 801**

23. The first is a very large one, and the second is a smaller one.

19. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

14-00000  
2584  
9 OCT 1973

Mr. James Ballard  
Acting Director of Personnel  
Drug Enforcement Agency  
1405 I Street, N. W.  
Washington, D. C. 20537

Dear Mr. Ballard:

This is to certify that Mr. Lucien E. Conoin was employed by this Agency in a civilian capacity from 12 November 1961 to 15 July 1968, at which time he retired on disability under the Civil Service Retirement Act. He left under honorable circumstances.

Sincerely,

/s/ JOHN F. BLAKE  
John F. Blake  
Director of Personnel

Distribution:

0 3 1 - Addressee  
1 - D/Pers  
1 - EEAB Subject File  
1 - EEAD Chrono

OP/RAD/EEAB/FG/Jarema:ktr (4 October 1973)

|  |                  |                               |          |
|--|------------------|-------------------------------|----------|
| SENDER WILL CHECK  |                  | CLASSIFICATION TOP AND BOTTOM |          |
| UNCLASSIFIED   |                  | CONFIDENTIAL                  |          |
| SECRET   |                  |                               |          |
| <b>OFFICIAL ROUTING SLIP</b>   |                  |                               |          |
| TO   | NAME AND ADDRESS | DATE                          | INITIALS |
| 1  | C/RAD            |                               |          |
| 2  |                  |                               |          |
| 3  |                  |                               |          |
| 4  |                  |                               |          |
| 5  |                  |                               |          |
| 6  |                  |                               |          |
| ACTION   | DIRECT REPLY     | PREPARE REPLY                 |          |
| APPROVAL   | DISPATCH         | RECOMMENDATION                |          |
| COMMENT  | FILE             | RETURN                        |          |
| CONCURRENCE  | INFORMATION      | SIGNATURE                     |          |
| <p><i>Remarks:</i><br/>Res would like you to<br/>verify service. He has obviously<br/>had more time than indicated.<br/>why aren't we certifying the all<br/>of it. Are we aware of what<br/>he has told DIA?</p> <p style="text-align: center;">3</p> |                  |                               |          |
| FOLD HERE TO RETURN TO SENDER  |                  |                               |          |
| FROM NAME, ADDRESS AND PHONE NO.   |                  | DATE                          |          |
| DDT 5-67 1-2<br>UNCLASSIFIED   |                  | 09 OCT 1973                   |          |
| SECRET   |                  | (40)                          |          |
| <small>FORM NO 1-67 237 Use previous editions</small>  |                  |                               |          |

|  |                              |                               |          |
|--|------------------------------|-------------------------------|----------|
| SENDER WILL CHECK  |                              | CLASSIFICATION TOP AND BOTTOM |          |
| UNCLASSIFIED   |                              | CONFIDENTIAL                  |          |
| SECRET   |                              |                               |          |
| <b>OFFICIAL ROUTING SLIP</b>   |                              |                               |          |
| TO   | NAME AND ADDRESS             | DATE                          | INITIALS |
| 1  | C/RAD                        |                               | (1)      |
| 2  |                              |                               |          |
| 3  |                              |                               |          |
| 4  | DD/Pers/SP                   | 05 OCT 1973                   | (3)      |
| 5  | DI Pers-                     |                               |          |
| 6  | See Dage's note and attached |                               | (3)      |
| ACTION   | DIRECT REPLY                 | PREPARE REPLY                 |          |
| APPROVAL   | DISPATCH                     | RECOMMENDATION                |          |
| COMMENT  | FILE                         | RETURN                        |          |
| CONCURRENCE  | INFORMATION                  | SIGNATURE                     |          |
| <p><i>Remarks:</i><br/>Ben- Attached is a rewrite of<br/>the Cencom memo. Also an<br/>explanatory note re his prior<br/>service.</p> <p style="text-align: center;"><u>Henry</u></p> |                              |                               |          |
| FOLD HERE TO RETURN TO SENDER  |                              |                               |          |
| FROM NAME, ADDRESS AND PHONE NO.   |                              | DATE                          |          |
| C/CREAB 202 Magazine X3295   |                              |                               |          |
| UNCLASSIFIED   |                              | SECRET                        |          |
| <small>FORM NO 1-67 237 Use previous editions</small>  |                              |                               |          |

4 October 1973

Ron -

Conein was in U. S. military from September 1941 through September 1961, and on detail to OSS, SSU, CIG, and CIA to time of military retirement.

He was picked up as a civilian and as a career agent on 12 November 1961 and retired on disability on 15 July 1968.

Archenhold advised that subject claims military service as indicated above and that the only period to be certified is the period as a civilian, November '61 to July '68. This all we know about what Conein told DEA.

Frank G. Jarema

Distribution:

- 0 - C/RAD
- 1 - EEAB Memos file
- 1 - EEAB Chrono

OP/RAD/EEAB/FGJarema:pig (4 October 1973)

Mr Janney

1 OCT 1973 OCT 17/3

Mr Blake

Because of the publicity this man has received I suggest you touch base on the phone with Howard Osborn.

RDK

Verify Service +  
under de la Torre

DEA

16 October  
U.P.

| SENDER WILL CHG   |                  | CLASSIFICATION TOP AND BOTTOM |                 |
|---|------------------|-------------------------------|-----------------|
| UNCLASSIFIED  |                  | CONFIDENTIAL                  |                 |
|   |                  | SECRET                        |                 |
| OFFICIAL ROUTING SLIP   |                  |                               |                 |
| TO  | NAME AND ADDRESS |                               | DATE            |
| 1   | DD/Pers/SP       |                               | 01 OCT 1973 (B) |
| 2   | D/Pers           |                               |                 |
| 3   |                  |                               |                 |
| 4   |                  |                               |                 |
| 5   |                  |                               |                 |
| 6   |                  |                               |                 |
| ACTION  | DIRECT REPLY     | PREPARE REPLY                 |                 |
| APPROVAL  | DISPATCH         | RECOMMENDATION                |                 |
| COMMENT   | FILE             | RETURN                        |                 |
| CONCURRENCE   | INFORMATION      | SIGNATURE                     |                 |
| Remarks:  |                  |                               |                 |
| Luke Conein has applied for employment with the Drug Enforcement Agency. The Acting D/Pers asked for the attached info from CIA.  |                  |                               |                 |
| Sent to D/Pers for signature. Conein was very controversial, much in the news about the overthrow of Ngo Dinh Diem and has been mentioned by Howard Hunt in Hunt's recent hearing before "Watergate" committee. Dick Biladeau, Central Cover, affirms that Conein is "opened up". |                  |                               |                 |
| FOLD HERE TO RETURN TO SENDER   |                  |                               |                 |
| FROM NAME, ADD'RS, AND PHONE NO.  |                  |                               | DATE            |
| C/RAD, 212 Magazine Bldg. x3328   |                  |                               | 9/28/73         |
| UNCLASSIFIED  |                  | CONFIDENTIAL                  | SECRET          |

FORM NO. 237 Use previous editions (40)

28 September 1973

Ben -

Stan Archenhold, x 7264, one of the Agency's drug coordinators with DEA, called me yesterday afternoon. DEA had requested a memo verifying employment of Mr. Lucien E. Conein, whose name has appeared frequently during the Watergate hearings. The attached memorandum is what Archenhold wants.

Conein's service was verified with ROB; his "honorable service" was cleared with SAS. Since he was under cover as contract, I discussed the case with Dick Biladeau of Central Cover. CCS had opened up Conein last year and Biladeau approved release of the information to DEA. We had verified this service to a Justice Department investigator approximately one year ago when Conein was being considered as a consultant for BNDD.

Archenhold offered to carry the memorandum to DEA.

Frank G. Jarema

|   |  |   |      |  |        |  |  |  |
|---|--|---|------|--|--------|--|--|--|
| FIRST NAME<br><b>HUBBELL</b>  |  | INITIALS<br><b>XX</b>   |      | APPOINTMENT DATE<br>11/1/61                              |        | TOTAL SERVICE FOR LEAVE<br><i>(as of date of separation)</i> |  |  |
| 4. DATE AND NATURE OF SEPARATION<br><br><b>US END DUTY 1500 7/15/68</b>   |  | 5. APPOINTMENT DATA<br>Subject to Sec. 203(d) 1951 Leave Act<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Ceased to be subject to Sec. 203(d)<br>on <b>Annual Leave Bill</b> |      | Years  | Months | Days   |  |  |
|   |  |   |      | <input type="checkbox"/> More than 13 years              |        |  |  |  |
| SUMMARY OF ANNUAL AND SICK LEAVE<br><br>(HOURS)   |  |   |      |  |        | SUMMARY OF HOME LEAVE<br><br>(DAYS)                          |  |  |
| 3. Entitled from prior leave year ended <b>1/13</b><br><b>186</b>   |  | ANNUAL  | SICK | 14. Date arrived abroad for all purposes <b>7/29/65</b>  |        | SCD <b>11/2/61</b>   |  |  |
| 4. Current leave year accrual through <b>7/13</b><br><b>196</b>   |  | 104   | 52   | 15. Current balance as of <b>9/29</b> to <b>17</b> 0     |        |  |  |  |
| 7. Total  |  | 464   | 212  | 16. 12 month accrual rate <b>15 days</b>                 |        |  |  |  |
| 8. Reduction in credits, if any (current year)  |  | 0   | 0    | 17. Dates leave used, prior 24 months                    |        |  |  |  |
| 9. Total leave taken  |  | 104   | 212  | 18. Monthly accrual date                                 |        |  |  |  |
| 10. Balance   |  | 360   | 0    | 19. Calendar days credit for next accrual date <b>10</b> |        |  |  |  |
| 11. Total hours paid in lump sum <b>360 hr plus 1 Holiday</b>   |  |   |      |  |        | 20. Date basic service period completed <b>7/29/67</b>       |  |  |
| 12. Salary rate(s) <b>18,641</b>  |  |   |      |  |        | MILITARY LEAVE   |  |  |
| 13. Lump sum leave dates<br>from <b>1500 7/15/68</b> to <b>9/17/68</b> <b>1500</b><br>(Hours)   |  |   |      |  |        | 21. Dates during current calendar yr _____ to _____          |  |  |
| 26. Certified correct by:<br><br><i>[Signature]</i><br><b>AUTH. CERT. OFFICER</b><br>(Title) <b>11/25/68</b><br>(Date) <b>(Telephone)</b> |  |   |      |  |        | 22. Dates during preceding calendar yr _____ to _____        |  |  |
|   |  |   |      |  |        | ABSENCE WITHOUT PAY  |  |  |
|   |  |   |      |  |        | AWOP or AWOL or<br>Furlough/Suspension<br>(Hours)            |  |  |
| 23. During leave year in which separated  |  |   |      |  |        | 0  |  |  |
| 24. During step increase waiting<br>period which began on _____   |  |   |      |  |        | 0  |  |  |
| 25. During 12 month ILI accrual period (dates):   |  |   |      |  |        |  |  |  |

Standard Form 1140  
November 1963  
1130-106

### RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 296-31 AND 990-2

ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

502  
IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

|   |   |   |
|---|---|---|
| NAME (last) <input type="text"/> (first) <input type="text"/> (middle) <input type="text"/> | DATE OF BIRTH (month, day, year) <input type="text"/> / <input type="text"/> / <input type="text"/> | SOCIAL SECURITY NUMBER <input type="text"/> / <input type="text"/> / <input type="text"/> |
| EMPLOYING DEPARTMENT OR AGENCY <input type="text"/>   | LOCATION (City, State, ZIP Code) <input type="text"/> / <input type="text"/> / <input type="text"/> |   |

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here —  
if you  
WANT BOTH  
optional and  
regular  
insurance

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

(A)

Mark here —  
if you  
DO NOT WANT  
OPTIONAL but  
do want  
regular  
insurance

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

(B)

Mark here —  
if you  
WANT NEITHER  
regular nor  
optional  
insurance

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

(C)

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

**FOR EMPLOYING OFFICE USE ONLY**

(Official receiving date stamp)  
**RETIREMENT GRANTEE**

89-1112-11-67 JVW  
See Table of Effective Dates on back of Original  
7-19-1968

STANDARD FORM NO. 176-7  
MAY 1968  
GSA GEN. REG. NO. 14, APRIL 14, 1968  
176-191

44

63

S E C R E T

25 January 1972

**MEMORANDUM FOR FILE**

**SUBJECT:** Arthur R. SCHWICKRATH (P)

**REFS:**      A. UWCT-701, 18 November 1971  
                B. UWCS-705, 29 November 1971

1. This memorandum will record a series of conversations with Chief of Base, Washington concerning the proposed use of Subject as a re-hired annuitant or alternatively the proposed use of Subject's wife as a contract agent as a spotter and access agent for the Washington Base.

2. Based on several conversations with representatives of the Office of Security and the Office of Medical Services we have been advised that a request for approval to employ Subject or his wife would not receive either OMS or Office of Security concurrence.

3. Based on the above, Chief of Base, Washington has agreed to withdraw his request in Reference A and this memorandum will serve in lieu of a dispatch reply.

*MAS*  
Maurice A. Sovorn  
C/DOI/B-1

S E C R E T

DATE  
12/13/71

## NON-STAFF PERSONNEL DATA SHEET

- INSTRUCTIONS:
1. SUBMIT FORM:
    - A. CONTRACT EMPLOYEES (TYPE A, B AND CARRER)
    - B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR MOU (FOR CITIZENS OR RESIDENT ALIENS ONLY)
  2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS.
  3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSPS/AGENT BRANCH (1 COPY ONLY).

| NAME (LAST, FIRST, MIDDLE)   |  | SEX                            | DATE OF BIRTH                 |                       |        |                                      |
|--|--|--------------------------------|-------------------------------|-----------------------|--------|--------------------------------------|
| SCHEICKRATH, Arthur R. (P)   |  | Male                           | 11/29/19                      |                       |        |                                      |
| MARITAL STATUS   | NO. DEPENDENTS                                 | YEAR(S) OF BIRTH               | NATIONALITY                   |                       |        |                                      |
| Married  | 4  | 1929, 1950, 1958, 1959         | Nat. U. S. A.<br>6/11/42      |                       |        |                                      |
| DATE OF LATEST SECURITY/OPERATIONAL APPROVAL   |  | JOB TITLE                      | LAST MEDICAL EXAM             |                       |        |                                      |
| CSA, 10/12/61  |  | Agent                          | 11/67                         |                       |        |                                      |
| CONTRACT CATEGORY  | EFFECTIVE DATE                                 | EXPIRATION DATE                | SALARY<br>\$50.00 per<br>week |                       |        |                                      |
| MOC  |  |                                | GRADE EQUIVALENT              |                       |        |                                      |
| BENEFITS N/A   |  | YES                            | NO                            |                       |        |                                      |
| SOCIAL SECURITY  |  |                                |                               |                       |        |                                      |
| FECA DEATH AND DISABILITY  |  |                                |                               |                       |        |                                      |
| ANNUAL AND SICK LEAVE  |  |                                |                               |                       |        |                                      |
| CIVIL SERVICE RETIREMENT   |  |                                |                               |                       |        |                                      |
| CIA RETIREMENT OR COMMERCIAL CIA ANNUITY   |  |                                |                               |                       |        |                                      |
| FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE  |  |                                |                               |                       |        |                                      |
| CONTRACT LIFE AND HEALTH INSURANCE   |  |                                |                               |                       |        |                                      |
| MISSING PERSONS BENEFITS   |  |                                |                               |                       |        |                                      |
| OTHER (EXPLAIN)  |  |                                |                               |                       |        |                                      |
| NON-CIA EDUCATION  |  |                                |                               |                       |        |                                      |
| University of Maryland, 77 credit hours on Bachelor of Military Science Degree<br>U. S. Army Infantry School, Ft. Benning, Georgia, 1943<br>British Special Intelligence School, 1943-1944<br>U. S. Psychological Warfare Training, 1959<br>Fluent in French |  |                                |                               |                       |        |                                      |
| NON-CIA EMPLOYMENT   |  |                                |                               |                       |        |                                      |
| DATES<br>FROM - TO   | EMPLOYER                                       | LOCATION                       | FUNCTION                      | SALARY                |        |                                      |
| 9/41-9/61  | U. S. Army                                     | France<br>Germany<br>Indochina |                               |                       |        |                                      |
| CIA TRAINING   |  |                                |                               |                       |        |                                      |
| Paramilitary Training - 1951   |  |                                |                               |                       |        |                                      |
| CIA EMPLOYMENT HISTORY (BEGINNING WITH END)  |  |                                |                               |                       |        |                                      |
| DATES<br>FROM - TO   | FUNCTION                                       | CONTR.<br>CAT.                 | LOCATION                      | PROJECT               | SALARY | GRADE<br>EQUIV.                      |
| 11/12/61<br>01/ /62<br>04/23/63<br>07/15/68  | Ops Officer (PM)<br>"<br>Disability Retirement | CA<br>"<br>"                   | Hqs<br>Saigon<br>Hqs          | SOD<br>FE<br>FE<br>FE |        | GS-13<br>GS-13<br>GS-14/2<br>GS-14/4 |



14-00000  
SECRET

SECURITY

FACTORS OF LEAVING SUBJECT (PRINT IN PARENTHESIS: PRESS, RADIO, TV), KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

When Subject retired he was told to indicate CIA as his place of employment for the entire period - November 1961 through July 1968.

COVER

A. PRESENT COVER IS:  OFFICIAL  NON-OFFICIAL

DIVISION EVALUATION OF COVER SECURITY:

EVALUATION OF PERFORMANCE:

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

B. PREVIOUS COVER WAS:  OFFICIAL  NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

SECRET

| CLASSIFICATION  | CLASSIFICATION | PROCESSING ACTION                         |
|---|----------------|---|
| SECRET  |                | MARKED FOR INDEXING                       |
| CIA/CIS, DC Division  | X              | NO INDEXING REQUIRED                      |
| Chief of Base, Washington   |                | ONLY QUALIFIED DISA<br>CAN JUDGE INDEXING |
| TSOLOG/Administrative<br>DO Base/Washington's Proposed Use of Retired Annuitant - Arthur R.<br>SCHEWICKRATH (P) |                | MICROFILM                                 |

ACTION REQUIRED: See paragraph 1.

REFERENCE : None

1. Headquarters approval is requested for DO Base/Washington's operational use of retired annuitant, Arthur R. SCHEWICKRATH, a former Career Agent contract employee who was retired on a medical disability 15 July 1968.

2. The Base would like to employ SCHEWICKRATH for use against Vietnamese, French and other target individuals in this area. SCHEWICKRATH is already acquainted with some of these people and both he and his wife have access to other potential target individuals in the foreign diplomatic community here.

3. We propose to reimburse SCHEWICKRATH for expenses incurred in our behalf and to compensate him for specific operational efforts undertaken and production rendered. We do not propose that he be placed on any continuing monthly or annual salary basis.

*J. Lanks*  
JEROME J. LANKS

Distribution:

223 & I - C/DO ✓

|                           |                  |
|---------------------------|------------------|
| DISPATCH SHEET AND NUMBER | DATE 20 NOV 1971 |
| UWCI-7C1                  | 17 November 1971 |
| CLASSIFICATION            | REF ID: A62814   |

20 NOV 1971

14-00000  
S E C R E T TELEPOUCH

DISP NO - UWCS-705

FILE NO - NONE

DATE - 29 NOVEMBER 1971

INDEX - NONE

FILM - NONE

TO - CHIEF OF BASE, WASHINGTON

INFO - NONE

FROM - CHIEF, DO DIVISION

SUBJECT - ARTHUR R. SCHWICKRATH

REFS - UWCY-701, 16 NOV 71

1. PLEASE CONFIRM THAT BASE PLANS TO USE SUBJECT REF AS A  
CONTACT AGENT ON A MEMORANDUM OF ORAL COMMITMENT. IF SO ADVISE  
AMOUNT AND METHOD OF PAYMENT /E.G. \$50.00 PER ASSESSMENT ETC./

2. ESTIMATE OF MAXIMUM ANNUAL COMPENSATION.

3. SINCE SUBJECT IS A RETIRED ANNULANT THE APPROVAL OF  
THE DAPERSONNEL OR HIGHER WILL BE REQUIRED PRIOR EMPLOYMENT.

ELLEN F. SHAMPINE

DISTRIBUTION

VIA TELEPOUCH

2-COS, WASHINGTON

S E C R E T TELEPOUCH UWCS-705 END OF MESSAGE

COMPILED BY DC/PER

CLASSIFICATION BY DC/I/ST

DECLASSIFIED BY 07/06/00

**SECRET**

DO 71 - 353

**MEMORANDUM FOR: Director of Personnel**

**VIA : Deputy Director for Plans**

**SUBJECT : Lt. Col. Lucien E. Conein**

*No 1  
SAC*

**1. A recommendation for the approval of the Director of Personnel is contained in paragraph three (3).**

**2. Lt. Col. Lucien Conein served as a military detailee to the Agency and predecessor organizations until his retirement from the U. S. Army Reserves on 30 September 1961. He became a Career Agent in November 1961 and served primarily in Saigon as the senior advisor to the Chief of Station on major counter insurgency programs until his retirement for disability in July 1968. He is an expert on Vietnamese affairs and was awarded the Intelligence Star for his performance during the November 1963 coup in Saigon. Because of his extensive overseas experience with the Military and the Agency, especially in Vietnam, he has access to many Vietnamese, French and other target individuals in the Washington area. He is already acquainted with many of these people and both he and his wife have access to other potential target individuals in the foreign diplomatic community.**

**3. Approval is requested to employ Lt. Col. Conein for use against the Vietnamese, French and other targets as a re-employed annuitant under a Memorandum of Oral Commitment. He will be paid \$50.00 for each specific task assigned to him, such as developing contacts or assessing individuals of operational interest to the Base, as stipulated by the Base in advance. His total compensation will not exceed \$2,400.00 per annum. This annual payment, coupled with his annuity of approximately \$4,700 per annum will not exceed ninety per cent of his salary as a GS-14/4 at the time of his retirement. A Non-Staff Personnel Data Sheet is attached for your information.**

**SEYMOUR RUSSELL  
Chief, DO Division**

**SECRET**

**GROUP I  
Excluded from automatic  
downgrading and  
declassification**

**SECRET****CONCURRENCE SHEET****CONCUR:**

---

**Deputy Director for Plans**

---

**Date****APPROVAL:**

---

**Director of Personnel**

---

**Date****SECRET**

|   |
|---|
| GROUP I<br>Excluded from automatic<br>downgrading and<br>declassification |
|---|

WASH POST

22 DEC 71

## NBC Claims Diem Death Inside Story

Seventeen generals and colonels of the South Vietnamese Army voted unanimously to kill President Ngo Dinh Diem in 1963, and were not particularly discouraged by his high ranking, U.S. CIA official, an NBC report scheduled to be telecast tonight discloses.

The report is Part 2 of "An NBC News White Paper: Vietnam's 'Hindsight,'" and deals with the origins of America's involvement in that Southeast Asia country.

The report presents the first supposed inside account of Diem's assassination, disguised as a political coup, and includes statements by Alvin Davis, associate producer of the program, and Lt. Col. Lucien Conein, the key CIA man in South Vietnam during the time of the coup.

It is "quite inconceivable" to Conein that Gen. Maxwell Taylor and others, who not aware of the timing of the coup, Conein says on the program, which depicts Diem's death as a Diem maneuver, that backfired.

The decision to kill Diem is reported to have developed over a series of eight meetings and arguments, and finally, a vote. Three who would have voted to save Diem were assassinated before the vote was taken. Four others, including the present Prime Minister, Khanh, were deliberately excluded from the vote. Many among the 17, however, wanted him killed from the start, and the only overheard phrase spoken in French rather than in Vietnamese was by Big Minh, might have been presidential contender in the October 1971 election, who said, "The big must be killed."

After that, the vote went like this: Big Minh, kill; Gen. Don, kill; Gen. Xuan, kill; Col. Nghia, kill. At the end there was total unanimity, and a vow of silence was taken. The silence is to be broken tonight, Davis says.

Diem had asked for full honors, and a "graceful" exit from Vietnam to exile in another country, but refused to see Big Minh, who in turn was furious at the slight.

Between 6 and 9 p.m. Nov. 2, the day of Diem's death, he refused again to speak to Minh, then finally spoke to him on the telephone, but Minh, outraged, hung up. On the third try, Diem gave in, asking only for safe conduct. At this point Col. Conein said he was told by Ambassador Henry Cabot Lodge not to instigate, encourage or discourage a coup, which was in the planning stages throughout October, 1963. But Diem, Conein said, had his own plans for a phony coup, after which he and his family would be brought in honors, by popular acclaim, back to Saigon from their place of exile, Pleika.

What happened, apparently, is that both the phony coup and the real one came off at the same time, fooling Diem and his brother, Ngo Dinh Nhu.

Conein, in an attempt to get Diem out of the country, says he asked his embassy for a plane, but was told that he would have to wait 24 hours for it.

"I spoke for the U.S. government and I was authorized, and I informed the junta (Diem's organization) that I had an aircraft, but it would take me 24 hours to have that aircraft on the ground."

"Instead?" Davis asked.

"Instead, he was shot by a major in the Vietnamese army," Conein says on the telecast.

## SECRET

| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP   |  |  |                      | Date |
|--|--|--|----------------------|------|
| TO:<br>(check)   | <del>CHIEF PERSONNEL OPERATIONS DIVISION<br/>CONTINUATION</del>        | 8 February 1968  |                      |      |
| X  | /CHIEF, CONTRACT PERSONNEL DIVISION                                    | FILE NUMBER  | 9321                 |      |
| X  | CHIEF, OPERATING COMPONENT (For action.)                               | EMPLOYEE NUMBER  | X 750559             |      |
| X  |  | ID CARD NUMBER   |                      |      |
| ATTN:  | Child Support Staff  | OFFICIAL COVER   | BACKSTOP ESTABLISHED |      |
| REF:   |  | X  | DISCONTINUED         |      |
| SUBJECT  | Resignation Debriefing   | UNIT   |                      |      |
| <i>[Redacted]</i><br><i>On file P. S. [Redacted]</i>   |  |  |                      |      |
| <b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>   |  |  |                      |      |
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS<br>(Op memo 20-800-11)   |  | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS<br>(Op memo 20-800-11)  |                      |      |
| A. TEMPORARILY FOR _____ DAYS.<br>EFFECTIVE DATE COB _____   |  | DATE FOR UNBLOCK<br>12 Nov 61  |                      |      |
| B. CONTINUING AS OF COB  |  |  |                      |      |
|  | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY.<br>(HRB 20-7)           | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY.<br>(HRB 20-7)   |                      |      |
|  | ASCERTAIN THAT _____ B-2 BEING ISSUED.<br>(HRB 20-608-1)               | RETURN ALL OFFICIAL DOCUMENTATION TO CCS.<br>OK  |                      |      |
|  | SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER.<br>(HRB 240-2*)  | DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY   |                      |      |
|  | SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY<br>(HRB 240-2*) |  |                      |      |
| CONCUR IN<br>ISSUANCE  | AGE HOSPITALIZATION CARD<br>HRCS HOSPITALIZATION CARD                  |  |                      |      |
| REMARKS AND/OR COVER HISTORY   |  |  |                      |      |
| Nov 61 - Jan 62 Washington, D.C./DEC<br>Jan 62 - Nov 64 Saigon/DAC<br>Jan 65 - Aug 65 Washington, D.C./DAC<br>Aug 65 - Aug 67 Saigon/DAC<br>Aug 67 - Feb 68 Washington, D.C./Overt |  |  |                      |      |
| Subject is to indicate CIA as place of employment for entire period, and not to reveal specific places or locations of cover assignments.  |  |  |                      |      |
| Forwarding Address: Unknown<br>Employment Address: Unknown   |  |  |                      |      |
| FEB/1968<br>FBI/DOJ<br>FEB 2 1968<br>FEB 3 1968<br>FEB 4 1968<br>FEB 5 1968<br>FEB 6 1968<br>FEB 7 1968<br>FEB 8 1968  |  | <br><small>FEB 1968</small><br><small>FBI/DOJ</small><br><small>1968</small> |                      |      |

4 April 1968

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65-461110  
Schaubrauch

17 AUG 1965

**MEMORANDUM FOR: Deputy Assistant Secretary for Far Eastern Affairs  
Department of State**

**SUBJECT : Detail of CIA Personnel to the Department of State**

1. We concur in the detail to the Department of State of the four persons identified in your letter of August 9, 1965.

2. Arrangements are now being made between Mr. Wendt of the Department and representatives of our Far East Division for their assignment to Vietnam. In the absence of unforeseen difficulties, all of the persons named will proceed to Saigon as soon as possible. One of those named, Mr. Joseph F. Baker, is now serving in Europe, but this should not delay his assignment to Vietnam.

/s/ Richard Helms

Richard Helms  
Deputy Director

EO-DD/S:VRT:mq (16 Aug 65)  
Rewritten:O-ExDir:JSE:sbo (17 Aug 65)

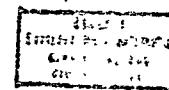
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1 - C/TAR  
1 - Manpower Office  
8 - O/Finance

**CONFIDENTIAL**



on 61

~~CONFIDENTIAL~~

DD/S 65-3882

**MEMORANDUM FOR:** Deputy Assistant Secretary  
for Far Eastern Affairs  
Department of State  
Washington, D.C.

**SUBJECT :** Detail of CIA Personnel to DOS  
**REFERENCE :** Your ltr to DCI dtd August 9, 1965

1. I agree in principle with the detail to your Department of the four persons identified in reference letter.
2. Arrangements are now being made between Mr. Wentz of the Department and representatives of our Far East Division for their assignment to Vietnam. In the absence of a forced cancellation you may assume that all of the persons named will proceed without delay. One of those named, Mr. Joseph P. Baker, is now serving in Europe, but I do not anticipate this will delay his assignment to Vietnam.

1 - 100-100000-100-0000  
100-100000-100-0000  
100-100000-100-0000  
EO-DODASSISTED (100-000)

Richard Holmes  
Deputy Director

**CONCUR:**

s/Joseph Smith for  
Chief, Far East Division

16 Aug 65  
Date

s/Emmett D. Echoes  
Director of Personnel  
16 Aug 65

s/Alan M. Warfield  
Deputy Director for Support

16 Aug 65  
Date

~~CONFIDENTIAL~~

DEPARTMENT OF STATE  
WASHINGTON

65-4611

AUG 9 1963

CONFIDENTIAL

Dear Admiral [REDACTED]

The purpose of this letter is to request your co-operation in the reintroduction of all to the Department of State of the following personnel:

~~Joseph F. Baker~~  
~~Joseph F. Baker~~ - ~~750 - Room 611~~  
+ Telephone

\* ~~forwarded by FC~~ These officers will serve in Washington for a tour of duty of 13 months. Their detail to the Department will be for a period not to exceed 24 months. During this period the Department will reimburse the Agency, upon presentation of appropriate bills, at the officer's rate of salary, plus retirement and insurance costs, and such differentials and allowances to which they may be entitled. In addition, the Department will reimburse the Agency for travel, per diem, and other expenses incident to their travel and transportation.

In view of the high priority of the program in which the officers will participate, it would be appreciated if the Agency could advise us for their transfer to Washington within the next 30 days. When advised of the date, they should report to Washington, D.C., at the earliest possible time.

If you require further information, please be advised of the mailing and forwarding the confidentially of this letter. We appreciate your cooperation in making the services of these officers available to us.

Sincerely yours,

Leonard C. Fisher

Leonard C. Fisher  
Deputy Assistant Secretary  
of the Navy (Armed Forces)

VIA FACSIMILE William F. Sullivan, Jr.,  
Chairman of the Civil Liberties  
Subcommittee, House of Representatives

CONFIDENTIAL

ORIG: RICHARD WELCH  
UNIT: DC/WH/3  
EXT: 6337  
DATE: 24 JUNE 65

INDEX  
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24 JUN 65 92 040

TO: CARACAS

FROM: DIRECTOR

SIG CEN

CCPS: WH-8 INFO VR FILE  RIO COPY CCS 3, FL, FISPG, SOD6  
C1/OPS, OP 2

TO: CARA  
INFO  
REF: DIR 19808

CITE RIA

22557

1. COS-HICKS CONCEPT FOR SCHWICKRATH ASSIGNMENT CARA, WHILE SEEMINGLY ADMIRABLY DESIGNED FOR SECURE PERFORMANCE ON SPOT FOR DUTIES ENVISAGED, HAS REGRETTABLY SHORT-CIRCUITED ODIBEX COVER SYSTEM. ESSENCE OF CONFUSION IS THAT IF SCHWICKRATH IS TO OCCUPY GENUINE SLOT THIS <sup>ACTUAL</sup> WOULD REQUIRE HIS <sub>A</sub> RECALL TO ACTIVE DUTY, SUSPENSION OF KUBARK STATUS <sup>404</sup> AND SALARY, INCEPTION OF LESSER LT. COL'S SALARY AND SUNDRY BENEFITS WITH KUBARK LEGALLY NOT ABLE TO PAY DIFFERENTIAL, OBLIGATES SCHWICKRATH TO COMMAND OF IMMEDIATE MILITARY SUPERIOR IN ANY DISAGREEMENT WITH COS, BUT DOWN THE LINE HE WOULD BE LEFT WITH TWO-YEAR STRETCH WHETHER OR NOT CARA TOUR ACTUALLY COMPLETED, AND INVOLVES KUBARK WITH RELUCTANT ODIBEX OFFICIALS IN PROTRACTED DISCUSSION OVER WISDOM AND LEGALITIES THIS PRECEDENT-BREAKING PROPOSAL.

2. EVEN IF COMMAND LINE CAN BE STRAIGHTENED OUT (WHICH PROBLEMATICAL VIEW FACT ODIBEX WOULD HAVE TO NEGOTIATE WITH CINCOSOUTH, WHERE STIFF WORDING RECV ORIGINATED, PRESUMABLY FROM COL. CHAVES), THE ADMINISTRATIVE BURDENS DESCRIBED ABOVE ARE OBVIOUSLY TO BE AVOIDED, TO SAY NOTHING

(CONTINUED)

RECLASSIFICATION OFFICER

ECCOMMUNICATIONS OFFICER

COMINT

AUTOCOMINT AUTHENTICATION OFFICER

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| 4 | 5 | 8 |

TO: PAGE #2  
FROM: DIRECTOR

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INFO CITE OR 22557  
OF TAKING INTO ACCOUNT SCHWICKRATH'S OWN VIEWS. APPEARS BEST TO FACE UP TO FACT THAT UNDER THIS SCHEME SCHWICKRATH WOULD NEVER MAKE IT TO CARA.

CONSEQUENTLY HQS INTENDS TO SCALE DOWN REQUEST TO ODEARL TO INCLUDE:

A. THAT SCHWICKRATH BE DETAILED TO WASH MIL UNIT, WHICH WILL THEN DETAIL HIM TO ODIBEX CARA AS SUPERNUMERARY. WILL TAKE CARE OF PAY AND ALLOWANCES HERE.

B. THAT SCHWICKRATH ARRIVE IN CARA DOCUMENTED AND SUPPORTED DIFFERENTLY THAN OTHER ODIBEX MISSION OFFICERS BUT AT LEAST IN UNIFORM. WILL ENTAIL CAREFUL BRIEFING BY HICKS OF HIS OFFICERS AS TO THEIR NEED TO COOPERATE IN "NATURAL" INCORPORATION OF SCHWICKRATH INTO ODIBEX MISSION.

C. THAT SCHWICKRATH STILL DO EFFECTIVE COUNTERINSURGENCY JOB IN ODIBEX VIA ORAL AGREEMENT WITH HICKS, EITHER AS OFFICER RESPONSIBLE AND SO PRESENTED TO VENEZUELAN AUTHORITIES, OR AS SECOND MAN. HE CANNOT HOWEVER FORMALLY FILL SLOT SO DESIGNATED. UP TO HICKS AND ODIBEX WHETHER SLOT SHOULD REMAIN VACANT OR BE FILLED BY GENUINE

(CONTINUED)

50000 RATING OFFICERS

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U.N.T: \_\_\_\_\_  
EXT: \_\_\_\_\_  
DATE: \_\_\_\_\_

L JY  RETURN TO BRANCH [ ]  
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TO: PAGE #3

FROM: DIRECTOR

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TO:

INFO

CITE DIR

22557

OFFICER NEWLY ASSIGNED WITH WHOM SCHWICKWRATH CAN WORK, EITHER AS ASSISTANT OR IN CHARGE OR JUST AS PEER INFORMALLY.

4. MUCH REGRET THAT ORIGINAL PROPOSAL NOT PRACTICABLE IN TERMS LONG ESTABLISHED SERVICE PROCEDURES AND RISK OF SERIOUS PERSONAL INCONVENIENCE TO SCHWICKWRATH. ALSO REGRET TIME LOST IN NEED TO FLESH OUT FULLY THESE CONSEQUENCES IN EFFORT PUSH YOUR PROPOSAL THROUGH.

5. PLS ADVISE SOONEST IF PARA 3 ACCEPTABLE, OR PROPOSE VARIATION THEREOF WHICH WILL NOT ENTAIL PARA 1 TYPE DIFFICULTIES.

END OF MESSAGE

WH Comment: Wish to prevent possibility that agreements between all parties vis a vis Schwickwrath-KUBARK role is not diminished.

ccs/ccm *[Signature]*

*[Signature]*  
DESMOND FITZGERALD  
C/NHD

*[Signature]*  
HERSCHEL F. PEAK  
C/NH/3

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10-21 56 *b6*  
 OFFICER'S DUTY  LT COL  SECRET

RECEIVING AND FORWARDING SHEET

SOURCE (If known)

*Arthur R Schwickerath*

| TO: (Officer designation, room number, and building) | DATE        | FROM      | RA                 | DATE  |
|--|-------------|-----------|--------------------|---|
|  | RECEIVED    | FORWARDED | OFFICER'S ROOM NO. |   |
| 1. FE/Pers   | APR 1968    | RL        | 3205               | 9321  |
| 2.   |             |           |                    |   |
| 3. Cover<br>G H 4th Flgs.                            | 29 APR 1968 | RL        |                    | 1. Not for filing. For approval<br>and transmittal to Cover.<br>Please initial Copy # 1; Copy # 4<br>for your retention.    |
| 4.   |             |           |                    | 3. Not for filing. For approval<br>and transmittal to Security.<br>Please initial Copy # 1; Copy # 3<br>for your retention. |
| 5. Security<br>3 n 49 Flgs.                          | May 68      | CP        |                    | 5. Please initial Copy # 1; Copy<br># 2 for your retention.   |
| 6.   |             |           |                    |   |
| 7. G. E. Post<br>211 Magazine                        | 5/8         | 1/11      |                    | 7. Please go. 2<br>P. 6/20 30 Cpy. in 26  |
| 8.   |             |           |                    |   |
| 9. FE POST<br>211 MAG                                | 16/11/68    | RL        |                    | sent to PSD<br>10- minute to 11 min pds.  |
| 10. OP/FI 105 5E13                                   |             |           |                    |   |
| 11.  |             |           |                    |   |
| 12.  |             |           |                    |   |
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TYPE OR PRINT NAME  S. S.  6/11/68  10-11 min pds.  11-12 min pds.  12-13 min pds.

146-528916 #1  
*(FPC)*  
R E S U M E  
*(Lethan R. Schuchardt)*  
██████████  
111 Ingleside Avenue  
McLean, Virginia 22101  
Home Telephone: 356-9086

*L. D. [initials] 28 APR. 1968  
Date  
S. [initials] 1 May 1968*  
*OS/ESB*  
*1 May 68*

EMPLOYMENT OBJECTIVE:

Management position of responsibility where I can materially contribute to the growth and effectiveness of the organization, by utilizing my background and experience in:

1. Excellent and extensive personal and political relations with high foreign government officials in Southeast Asia.
2. Management, administration, supervision, organization and operations of internal and physical security of plants and installations.
3. Public Relations dealing with foreign government, commercial and industrial representatives to further the interest of the organization.

Available: After 1 May 1968

Salary Requirements: \$12,000 - \$15,000 per annum - could be negotiated depending on the position.

EXPERIENCE:

1. U. S. Central Intelligence Agency

December 1961 - Present

Intelligence/Operations Officer

Since joining CIA in 1961 have spent the major portion of this period overseas in Southeast Asia. Duties have included: Complete responsibility for the operation of a field intelligence station. Functions included collection, analysis, evaluation, and reporting of intelligence data; the management of the base (Personnel, Security, Finance, and Logistics); liaison with other U. S. officials (up to the Ambassadorial level) and officials of other governments up to the Prime Minister; also directed such operations as civic and political action, police and intelligence office training in counter-insurgency and the general field of intelligence.

LUCIJEN E. CONEIN

Page 2

**2. U. S. Army**

September 1941 - September 1961

Starting as a recruit in September of 1941 was advanced to Non-Commissioned Officer in 1942 and later chosen for Officers Candidate School, Ft. Benning, Georgia, February 1943. Graduated and commissioned 2nd Lieutenant (O.S.S.), 26 July 1943. Served European Theatre of Operations October 1943 to December 1944. Parachuted behind enemy lines in civilian clothes, France, August 1944. Transferred China/Burma/India Theatre, February 1945. Parachuted into French-Indo-China, June 1945. Assigned German occupation February 1947 to August 1953, as an intelligence officer. 1953 - 1956 served as U. S. Military advisory group, Vietnam as intelligence and operations officer. 1957 - 1959 assigned as battalion commander U. S. Special Forces. Commanded an airborne battalion, Ft. Bragg, North Carolina. August 1959 - September 1961 Chief Foreign Intelligence, Assistant Chief of Staff for Intelligence, Department of Army Mission in Teheran, Iran.

**EDUCATION:**

University of Maryland, 77 credit hours on Bachelor of Military Science Degree

**SPECIALIZED TRAINING:**

U. S. Army Infantry School, Ft. Benning, Georgia, 1943  
British Special Intelligence School - 1943-44  
U. S. Psychological Warfare Training, 1959.

**FOREIGN LANGUAGE:**

French - fluent  
Spanish - Trained but have never used.

**HONORS (CITATIONS):**

Silver Star  
Bronze Star  
European Theatre (3 Bronze Stars)  
Pacific Theatre (2 Bronze Stars)

LUCIEN E. CONEIN

Page 3

Legion of Honor (Chevalier)  
Croix de Guerre (Palm and 2 Bronze Stars)  
Mention in Despatches (Palm)  
National Order of Vietnam (Officer)  
Cross of Valor (Palm)

PERSONAL DATA:

Date of Birth: 29 November 1919, Paris, France  
Height: 5'11"  
Weight: 175 pounds  
Eyes: Blue  
Hair: Grey brown  
Marital Status: Married, two sons, 1 daughter (9, 7, 4, respectively)  
Health: Excellent

REFERENCES:

Ambassador Henry Cabot-Lodge  
Department of State  
Washington, D. C.

Major General Edward G. Lansdale  
Senior Liaison Officer  
U. S. Embassy, APO San Francisco 96243

Mr. Michael Deutch  
Transportation Building  
815 17th Street, N. W.  
Washington, D. C. 20006

Mr. Rufus Phillips  
Airways Engineering Corporation  
1250 Connecticut Avenue, N. W.  
Washington, D. C. 20006

14-00000

NOTICE OF TERMINATION FOR RETIREMENT  
ARTHUR R. SCHWICKRATH

You are hereby notified that your resignation as a Contract Employee of the United States Government is accepted pursuant to your Retirement for Medical Disability effective 18 July 1968, and that the effective date of your voluntary termination is 18 July 1968.

You are reminded of the contents of paragraph thirteen (13) of said contract which reads as follows:

"(13) You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws, dated 25 June 1948, as amended, and other applicable laws and regulations."

Your signature in the space provided below indicates acknowledgement and understanding of the contents hereof.

UNITED STATES GOVERNMENT  
BY /s/ Dow H. Luetscher  
CONTRACTING OFFICER

ACKNOWLEDGED:

Arthur R. Schwickerath

WITNESS:

Donald E. Ullman

APPROVED:

C. J. [Signature]

SECRET

| CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL   |  |  | DATE  |  |
|---|--|--|---|--|
| THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE   |  |  |   |  |
| 21 May 1968   |  |  |   |  |
| PERSONAL DATA   |  |  |   |  |
| NAME (Last, First, Middle - true or pseudonym)<br><b>Arthur R. Schwickerath</b>   |  | OFFICE AND BRANCH OF ASSIGNMENT<br><b>DDP/YE/VHQ</b>               |   |  |
| LOCAL ADDRESS<br><b>1111 Ingleside Ave., McLean, Va. 22101</b>  |  | PERMANENT ADDRESS<br><b>1111 Ingleside Ave., McLean, Va. 22101</b> |   |  |
| PERMANENT STATION OR BASE<br><b>Washington, D.C.</b>  |  | POSITION OR FUNCTIONAL TITLE<br><b>Ops Officer</b>                 |   |  |
| CONTRACT DATA   |  |  |   |  |
| DATE CONTRACT EFFECTIVE<br><b>12 November 1961</b>  | DATE CONTRACT LAST RENEWED<br><b>10 January 1968</b> | DATE CONTRACT EXPIRES<br><b>indefinite</b>                         | DATE OF CONTRACT TERMINATION<br><b>15 July 1968 (500 hours)</b>                                       |  |
| REASON FOR CONTRACT TERMINATION<br><b>Subject is retiring under medical disability under the Civil Service Retirement System.</b> |  |  |   |  |
| INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)   |  |  |   |  |
| COMPONENT   | CLEARED BY   | DATE   | REMARKS   |  |
| FINANCE   |  |  |   |  |
| LOGISTICS   |  |  |   |  |
| PERSONNEL   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
| CONTRACT APPROVING OFFICER  |  | CLEARED BY (Signature)   | DATE  |  |
| SCHEDULE OF INTERVIEWING OFFICES<br>(OFFICES NOT REQUIRING INTERVIEW WILL BE INDICATE)  |  |  |   |  |
| OFFICE  | DATE   | TIME   | SCHEDULE<br>LOCATION  | INTERVIEWING OFFICIAL                              |
| CENTRAL COVER STAFF   |  |  | Ed Fitzgerald contacted on<br>20 May 68 (CCS/OCD/M) and<br>stated that he does not need to see again. | CLEARED BY (Signature)<br>DATE<br><i>11/24/68</i>  |
| OFFICE OF SECURITY PSD  | <b>23 May 68</b>                                     | <b>1430</b>  | <b>3E-49</b>  | CLEARED BY (Signature)<br>DATE<br><i>23 May 68</i> |
| OFFICE OF PERSONNEL CPD   |  |  | Not Required<br>(CPD)   | CLEARED BY (Signature)<br>DATE<br><i>11/24/68</i>  |
| REMARKS (Please initial)  |  |  |   |  |
| STAFF OR DIVISION AND BRANCH OF ASSIGNMENT  |  | SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER                 |   | DATE   |

|  |  |   |  |   |
|--|--|---|--|---|
| STANDARD FORM SF<br>FEBRUARY 1960<br>U.S. GOVERNMENT COMMISSIONED<br>FPM-SUPER (EFFECTIVE APRIL 1, 1960)   |  | AGENCY CERTIFICATION OF INSURANCE STATUS<br><b>Federal Employees Group Life Insurance Program</b>                           |  |   |
| 1. NAME (Last) (First) (Middle)  |  | (b) DATE OF BIRTH (Month Day Year)  |  | (c) SOCIAL SECURITY NUMBER  |
| <b>CONEIN, Lucien E.</b>   |  | <b>November 29, 1919</b>  |  | <b>513 105 0926</b>   |
| 2. CHECK THE REASON FOR TERMINATING INSURANCE  |  |   |  |   |
| (a) <input type="checkbox"/> SEPARATED   |  | (b) <input type="checkbox"/> DIED   |  | (d) <input type="checkbox"/> OTHER (Specify)<br>12 MONTHS NON-PAY STATUS  |
| (b) <input checked="" type="checkbox"/> RETIRED  |  | HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
| 4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY  |  |   |  |   |
| (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED  |  | (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY                                     |  | (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) |
| NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (b) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE. |  |   |  |   |
| 5. DATE OF DEATH (Check in Item 3 (Month, Day, Year))  | 6. ANNUAL PAY RATE (NET ANNUAL PAYMENT) OR PAY IN ITEM 3 (MONTHLY, HOURLY, WEEKLY, ETC.) PAY PER ANNUAL RATE |   | 7. IF EMPLOYEE HAD OPTIONAL INSURANCE ON DATE IN ITEM 3, NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> | 8. DATE OF EXPIRY OF OPTIONAL LIFE INSURANCE (SF 55) TO WHICH PAYMENT IS MADE (Month, Day, Year)                    |
| July 15, 1968  | 18,641 PER ANNUUM  |   | If yes, give receipt date of election of optional insurance (SF 55) or (SF 56 or 178-1).                                     |   |
| 9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.   |  |   |  |   |
| 17 JUL 1968  |  |   |  |   |
| (Personal signature of authorized agency official)<br><b>R. L. Austin</b><br>(Typed name of authorized agency official)<br><b>Central Intelligence Agency</b><br>(Name of agency)  |  |   |  |   |
| (Title)<br><b>Insurance Officer, Alternate</b><br>(Mailing address including ZIP code of agency)<br><b>Washington, D. C. 20505</b>   |  |   |  |   |

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

COM, CEN, PNL -

20 MAY 1968

MEMORANDUM FOR: Chief, Compensation and Tax Division  
VIA : Contract Personnel Division  
SUBJECT : Contract Termination - Arthur R.  
SCHWICKRATH

1. Arthur R. SCHWICKRATH has been notified by the Civil Service Commission that his Disability Retirement has been approved.
2. In view of the above information, it is requested that Subject's contract be terminated effective 1500 hours on 15 July 1968. Termination of Subject's contract on this date is requested to allow him to use all of his accrued sick leave as well as his excess annual leave.

William E. Nelson  
William E. Nelson  
Chief, Var East Division

Distribution

Orig # 1 - Addressee  
1 - OP/CPO  
1 - PE/BSEC  
1 - PE/PERS/VNO

PE/PERS/VNO DEWallace/eam X5459 20 May 1968

14-00000

S E C R E T

DATE: 7 February 1968

MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP  
Benefits and Services Division

This is to advise you that Arthur R. Schwickrath  
has been employed under an Agency personal services contract  
effective 10 January 1968. The Contract authorizes  
participation in Civil Service Retirement, FEGLI and Federal  
Health Insurance.

Subject's contract is the administrative responsibility  
of DDP/FE.

Dow H. Luetscher  
Chief  
Contract Personnel Division

S E C R E T

Group 1 - Excluded from automatic downgrading and  
declassification

## S E C R E T

*Freda L. Conner*Mr. Arthur R. SchwickerathDear Mr. Schwickerath:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a ~~contract career employee~~ under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 12 November 1968, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

S E C R E T

|   |          |                     |
|---|----------|---------------------|
| TRANSMITTAL SLIP  |          | DATE<br>14 Feb 1968 |
| TO:<br><b>RECORD</b>  |          |                     |
| ROOM NO.  | BUILDING |                     |
| REMARKS:<br><br>Per Larry Clarity, Subject's<br>PSI which was due 23 April 1967 will<br>continue to be held pending Disability<br>Retirement in very near future. |          |                     |
| FROM:<br><b>Jo Ann Varney</b>   |          |                     |
| ROOM NO.  | BUILDING | EXTENSION           |
| ITEM NO. 241<br>FEB 53 1968<br>REPLACES FORM NO. 1<br>WHICH MAY BE USED   |          |                     |

S E C R E T

4. This agreement is effective as of 16 January 1968 and shall continue thereafter for an indefinite period unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

Arthur R. Schwickerath  
Arthur R. Schwickerath

WITNESS:

W.R. Katzenbach

APPROVED:

W.R. Katzenbach

S E C R E T

Group I - Excluded from automatic downgrading and declassification.

Conrad, *Leave Statement* **SECRET**

1967 LEAVE STATEMENT

| Leave Type                                     | Leave Taken    | Leave Balance |
|--|----------------|---------------|
| Annual leave balance as of 1 January 1967      | Statement 1966 | 14 days       |
| Annual leave balance as of 11 March 1967       | Statement 1966 | 14 days       |
| Sick leave as of 11 March 1967                 | Statement 1966 | 5 days        |
| Compensatory leave balance as of 11 March 1967 | Statement 1966 | 2 days        |
| Other leave carried forward from prior year    |                | Days          |
| Total leave available for 1967                 |                |               |

Leave taken and leave balance as of 11 March 1967

17/06

SECRET

SECRET  
(When Filled In)11277  
70 MEDICAL

1. DATE OF REQUEST

08 August 1967

A. GRADE

GS-14

B. EMPLOYEE'S EXT.

## REQUEST FOR MEDICAL EVALUATION

C. NAME (Last, First, Middle)

Conlon, Lucien E.  
D. OFFICE, DIVISION, BRANCH

DDP/FE/VNO

D. POSITION TITLE  
Career Agent

E. PURPOSE OF EVALUATION

 PRE-EMPLOYMENT HQDS/TDY ENTRANCE ON-DUTY OVERSEAS ASSIGNMENT TDY STANDBY

ETO

 SPECIAL TRAINING

STATION

 ANNUAL

TDY OR PCS

 RETURN TO DUTY

TYPE OF COVER

 FITNESS FOR DUTY

NO. OF DEPENDENTS TO ACCOMPANY

 MEDICAL RETIREMENTNO. OF DEPENDENTS' REPORTS OF MEDICAL  
HISTORY (SF 89) ATTACHEDXX RETURN FROM OVERSEAS and complete  
evaluation

ETA

Mid-August-1967

STATION

Vietnam

NO. OF DEPENDENTS

F. OVERSEAS PLANNING EVALUATION (This block must be checked.)

G. REQUESTING OFFICER

 YES

SIGNATURE

 NO

Overall Supervisor, FE/PKRS/VNO

6460

I. COMMENTS

REF: SAIGON 0689 (IN 17446)

Please schedule Physical on 14th and 15th of August 1967

"SPECIAL HANDLING"

J. REPORT OF EVALUATION

Qualified for Departmental duty only for a minimum of one year. Must be  
medically evaluated prior to any processing.

SIGNATURE FOR CHIEF OF MEDICAL STAFF

DATE

15 November 1967

Max Hart

Form 259 MEDICAL FORM  
16-64 801-1000

SECRET

**SECRET**  
(When Filled In)

|   |                                    |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
|---|------------------------------------|--|--------------------------|----------------|--------------------------|--------------------|-------------------------------------|----------------------------------|---|---------------------|--------------------------|--------------------------------|---------------------|------|--------------------------|-------------------------------|--|--|--------------------------|-------------------------------|--|--|--------------------------|------------------------------------|--|--|--------------------------|-------------|--|--|--------------------------|------------------|--|--|--------------------------|--------|--|--|--------------------------|----------------|--|--|--------------------------|------------------|--|--|--------------------------|--------------------|--|--|
| <b>REQUEST FOR MEDICAL EVALUATION</b>   |                                    | 1. DATE OF REQUEST<br><b>13 Oct 1963</b>                   |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| 2. NAME (Last, First, Middle) <b>[Signature]</b><br>3. POSITION TITLE <b>Opns Officer</b><br>4. GRADE <b>CA</b><br>5. OFFICE, DIVISION, BRANCH <b>(REINFORCING CO.)</b><br>6. EMPLOYEE'S EXT. <b>5059</b>   |                                    |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| 7. PURPOSE OF EVALUATION  |                                    |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td style="width: 150px; text-align: left;">PRE-EMPLOYMENT</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td style="width: 150px; text-align: left;">HQDS/TDY</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: left;">[Signature] (Mother) 6 Juno 1993</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">OVERSEAS ASSIGNMENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">[Signature] (Wife) 4 Sept 1929</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">[Signature] (Son) 19 Apr 1958</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">[Signature] (Son) 26 Nov 1959</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">[Signature] (Daughter) 13 Jul 1963</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">TDY STANDBY</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">SPECIAL TRAINING</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">ANNUAL</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">RETURN TO DUTY</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">FITNESS FOR DUTY</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">MEDICAL RETIREMENT</td> <td colspan="2"></td> </tr> </table> |                                    |  | <input type="checkbox"/> | PRE-EMPLOYMENT | <input type="checkbox"/> | HQDS/TDY           | <input checked="" type="checkbox"/> | [Signature] (Mother) 6 Juno 1993 | <input type="checkbox"/>                          | OVERSEAS ASSIGNMENT | <input type="checkbox"/> | [Signature] (Wife) 4 Sept 1929 |                     |      | <input type="checkbox"/> | [Signature] (Son) 19 Apr 1958 |  |  | <input type="checkbox"/> | [Signature] (Son) 26 Nov 1959 |  |  | <input type="checkbox"/> | [Signature] (Daughter) 13 Jul 1963 |  |  | <input type="checkbox"/> | TDY STANDBY |  |  | <input type="checkbox"/> | SPECIAL TRAINING |  |  | <input type="checkbox"/> | ANNUAL |  |  | <input type="checkbox"/> | RETURN TO DUTY |  |  | <input type="checkbox"/> | FITNESS FOR DUTY |  |  | <input type="checkbox"/> | MEDICAL RETIREMENT |  |  |
| <input type="checkbox"/>  | PRE-EMPLOYMENT                     | <input type="checkbox"/>                                   | HQDS/TDY                 |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input checked="" type="checkbox"/>   | [Signature] (Mother) 6 Juno 1993   | <input type="checkbox"/>                                   | OVERSEAS ASSIGNMENT      |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | [Signature] (Wife) 4 Sept 1929     |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | [Signature] (Son) 19 Apr 1958      |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | [Signature] (Son) 26 Nov 1959      |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | [Signature] (Daughter) 13 Jul 1963 |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | TDY STANDBY                        |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | SPECIAL TRAINING                   |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | ANNUAL                             |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | RETURN TO DUTY                     |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | FITNESS FOR DUTY                   |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | MEDICAL RETIREMENT                 |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| 8. OVERSEAS PLANNING EVALUATION (One line must be checked)  |                                    |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td style="width: 150px; text-align: left;">YES</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td style="width: 150px; text-align: left;">REQUESTING OFFICER</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">NO</td> <td colspan="2" style="text-align: left;">SIGNATURE<br/><b>Barbara J. Casper PE/Pers/VRC</b></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">ROOM NO. &amp; BUILDING</td> <td style="text-align: center;">EXT.</td> </tr> </table>   |                                    |  | <input type="checkbox"/> | YES            | <input type="checkbox"/> | REQUESTING OFFICER | <input type="checkbox"/>            | NO                               | SIGNATURE<br><b>Barbara J. Casper PE/Pers/VRC</b> |                     |                          |                                | ROOM NO. & BUILDING | EXT. |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | YES                                | <input type="checkbox"/>                                   | REQUESTING OFFICER       |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <input type="checkbox"/>  | NO                                 | SIGNATURE<br><b>Barbara J. Casper PE/Pers/VRC</b>          |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
|   |                                    | ROOM NO. & BUILDING  | EXT.                     |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| 9. COMMENTS   |                                    |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| <p align="center"><b>OPNS OFFICER IS PCS STANDBY.</b></p> <p align="center"><b>BY O&amp;G's will be forwarded as soon as received.</b></p> <p align="center"><b>Accompanying: Father and wife - 3 sons at 9 years old children - 1 son at 1 year old</b></p> <p align="center"><b>PEX MINT</b></p>  |                                    |  |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |
| DATE <b>11-23-63</b>  |                                    | SIGNATURE FOR CHIEF OF MEDICAL STAFF<br><b>[Signature]</b> |                          |                |                          |                    |                                     |                                  |   |                     |                          |                                |                     |      |                          |                               |  |  |                          |                               |  |  |                          |                                    |  |  |                          |             |  |  |                          |                  |  |  |                          |        |  |  |                          |                |  |  |                          |                  |  |  |                          |                    |  |  |

S-1  
Liaison

**SECRET**  
(When Filled In)

|   |                                      |   |
|---|--------------------------------------|---|
| <b>REQUEST FOR MEDICAL EVALUATION</b>   |                                      | 1. DATE OF REQUEST  |
| 2. NAME (Last, First, Middle)<br><i>Corriveau Lucien</i>  | 3. POSITION TITLE<br><i>CA Staff</i> | 4. GRADE  |
| 5. OFFICE, DIVISION, BRANCH   |                                      | 6. EMPLOYEE'S CAT.  |
| 7. PURPOSE OF EVALUATION  |                                      |   |
| <input type="checkbox"/> PRE-EMPLOYMENT<br><input type="checkbox"/> ENTRANCE ON DUTY<br><input type="checkbox"/> TOY STANDBY<br><input type="checkbox"/> SPECIAL TRAINING<br><input type="checkbox"/> ANNUAL<br><input type="checkbox"/> RETURN TO DUTY<br><input type="checkbox"/> FITNESS FOR DUTY<br><input type="checkbox"/> MEDICAL RETIREMENT |                                      | <input type="checkbox"/> HQOS/TDY<br><input type="checkbox"/> OVERSEAS ASSIGNMENT<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">           ETD: <b>1 NOV 1961</b><br/>           STATION: <b>FE Area</b><br/>           TOY OR PCS: <b>PCS</b><br/>           TYPE OF COVER:<br/>           NO. OF DEPENDENTS TO ACCOMPANY:<br/>           NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED:         </div><br><input type="checkbox"/> RETURN FROM OVERSEAS<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">           ETD:<br/>           STATION:<br/>           NO. OF DEP'TS:         </div> |
| 8. OVERSEAS PLANNING EVALUATION (One check must be checked)   |                                      | 9. REQUESTING OFFICER   |
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |                                      | SIGNATURE<br><b>Hiller Degrange</b><br>ROOM NO. & BUILDING: <b>1416 K</b> F.T.  |
| 10. COMMENTS  |                                      |   |
| 11. REPORT OF EVALUATION<br><i>NOTES FOR EXPEDITE AND DIRECT</i>  |                                      |   |
| DATE  | <b>15 NOV 1961</b>                   | SIGNATURE FOR CHIEF OF MEDICAL STAFF  |

**SECRET**  
(When Filled In)

|   |  |   |
|---|--|---|
| REQUEST FOR MEDICAL EVALUATION  |  | DATE OF REQUEST   |
| NAME (Last, First, Middle)<br><b>Cuong, Nguen T.</b><br>OFFICE, DIVISION, BRANCH<br><b>DDP/EI/VNO</b>   |  | 1. POSITION TITLE<br><b>Career Agent</b><br>2. EMPLOYEE'S ID#<br><b>174-14</b>  |
| 3. PURPOSE OF EVALUATION<br><br><input type="checkbox"/> PRE-EMPLOYMENT<br><br><input type="checkbox"/> ENTRANCE ON DUTY<br><br><input type="checkbox"/> TDY STANDBY<br><br><input type="checkbox"/> SPECIAL TRAINING<br><br><input type="checkbox"/> ANNUAL<br><br><input type="checkbox"/> RETURN TO DUTY<br><br><input type="checkbox"/> FITNESS FOR DUTY<br><br><input type="checkbox"/> MEDICAL REHABILITATION |  | 4. HQRS/TDY<br><br><input type="checkbox"/> OVERSEAS ASSIGNMENT<br><br>5. ETO<br><br>STATION<br><br>TDY OR PCS<br><br>TYPE OF COVER<br><br>NO. OF DEPENDENTS TO ACCOMPANY<br><br><small>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY IS/FOR ATTACHED</small> |
| 6. RETURN FROM OVERSEAS<br><b>XX</b> and complete -<br>evaluation<br><small>ETA</small><br><br><b>Mid August 1967</b><br><small>STATION</small><br><b>Vietnam</b><br><small>NO. OF DEPS</small>   |  |   |
| <small>RECEIVED BY</small><br><small>SIGNATURE</small><br><b>Donald E. Wallace, DDP/EI/VNO</b><br><small>51-22 14-1 513</small>   |  |   |

|   |  |
|---|--|
| <small>REMARKS</small><br><b>RIF: SAIGON 9663 (IN 174-16)</b><br>Please schedule Physical on 14th and 15th of August 1967 |  |
| <small>RESULTS OF EVALUATION</small><br><br><small>DDP/EI/VNO</small>   |  |

SECRET

### MEDICAL ACTION REQUEST AND REPORT

|  |  |   |  |
|--|--|---|--|
| I REQUEST FOR PHYSICAL EXAMINATION BY PERSONNEL DIVISION ( <input type="checkbox"/> COVERT <input type="checkbox"/> COVERT) ( <input type="checkbox"/> ISR <input type="checkbox"/> CPR) |  |   |  |
| 3. NAME (LAST, FIRST, MIDDLE)  |  | 4. DATE   |  |
| CONEIN, LUCIEN EMILE   |  | 1966  |  |
| 5. TO POSITION   |  | 6. OFFICE, DIVISION, BRANCH   |  |
| I.O.   |  | DDP/EB 4  |  |
| 7. TYPE OF POSITION  |  | 8. EVALUATE FOR   |  |
| <input type="checkbox"/> Departmental<br><input type="checkbox"/> U.S. Field<br><input type="checkbox"/> Overseas  |  | <input type="checkbox"/> EOD<br><input type="checkbox"/> Overseas<br><input type="checkbox"/> Returnee  |  |
|  |  | <input type="checkbox"/> Major<br><input type="checkbox"/> Major<br><input type="checkbox"/> Pre-Employment<br><input type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Special (Specify) |  |
| II REPORT OF MEDICAL EVALUATION  |  |   |  |
| <input checked="" type="checkbox"/> Qualified for Full Duty (General)<br><input checked="" type="checkbox"/> Qualified for Departmental Duty Only  |  | <input type="checkbox"/> Qualified for Full Duty (Special)<br><input type="checkbox"/> Disqualified   |  |
| Remarks: Full duty/General (3-27-54)   |  |   |  |

*SECRET*

*Joseph J. Mackin*

MEDICAL OFFICE

*b. Poland Notified 2 Jan 1967*

*ponal*

D.

S E C R E T

WITHIN-GRADE PROMOTION FOR CONTRACT EMPLOYEES  
(If provided for in Contract)

COKEIN, LUCILLE E. \_\_\_\_\_  
EMPLOYEE'S NAME \_\_\_\_\_  
FBI \_\_\_\_\_  
COMPONENT \_\_\_\_\_  
13 Mar 67  
DATE \_\_\_\_\_

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN  
ACCEPTABLE LEVEL OF COMPETENCE.

RATER \_\_\_\_\_

NOTED:

Contact Personnel Division

Present Compensation Rate \$16,675, GS-14/4 Equiv Effective Date 25 Apr 65  
New Compensation Rate \$17,198, GS-14/7 Equiv Effective Date 23 Apr 67

S E C R E T

CONFIDENTIAL

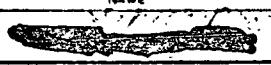
U. S. GOVERNMENT PRINTING OFFICE: 1960-5860-8

| 1. Agency and organizational designations<br><b>FE</b>  |          | 2. Payroll period   |           | 3. Block No. |             | 4. Slip No.          |             |           |   |                 |         |
|---|----------|---|-----------|--------------|-------------|----------------------|-------------|-----------|---|-----------------|---------|
| 3. Employee's name (and social security account number when appropriate)<br><b>SCHWICKRATH, Arthur R. (P)</b>   |          | 4. Grade and salary<br><b>CAREER AGENT</b><br><b>\$16,675</b> |           |              |             |                      |             |           |   |                 |         |
| <b>PAYROLL CHANGE DATA</b>  |          |   |           |              |             |                      |             |           |   |                 |         |
|   | BASE PAY | OVERTIME  | GROSS PAY | BET.         | FEDERAL TAX | BOND                 | F. I. C. A. | STATE TAX | GROUP LIFE INS.                         | HEALTH BENEFITS | NET PAY |
| 7. Previous normal  |          |   |           |              |             |                      |             |           |   |                 |         |
| 8. New normal   |          |   |           |              |             |                      |             |           |   |                 |         |
| 9. Pay this period  |          |   |           |              |             |                      |             |           |   |                 |         |
| 10. Remarks:<br><b>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE<br/>IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</b>   |          |   |           |              |             | 11. Appropriation(s) |             |           | 12. Prepared by<br><b>JLV 11 Jan 67</b> |                 |         |
|   |          |   |           |              |             |                      |             |           | 13. Audited by                          |                 |         |
| <input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase<br>14. Effective date   15. Date last equivalent increase   16. Old salary rate   17. New salary rate   18. Performance rating is satisfactory or better.<br><b>23 Apr 67   25 Apr 65   \$16,675   \$17,198</b> |          |   |           |              |             |                      |             |           |   |                 |         |
| (Signature or other authentication)<br>(Check applicable box in case of excess LWOP)<br><input type="checkbox"/> In pay status at end of waiting period.<br><input type="checkbox"/> In LWOP status at end of waiting period.   |          |   |           |              |             |                      |             |           |   |                 |         |
| Initials of Clerk   |          |   |           |              |             |                      |             |           |   |                 |         |
| STANDARD FORM NO. 1126<br>GSA GEN. REG. NO. 2<br>6 GAO 8000 1126-109  |          |   |           |              |             |                      |             |           |   |                 |         |
| CONFIDENTIAL PAYROLL CHANGE SLIP—PAYROLL COPY   |          |   |           |              |             |                      |             |           |   |                 |         |

SECRET

(When Filled In)

100%  
Learned

|   |                     |   |               |                  |           |
|---|---------------------|---|---------------|------------------|-----------|
| TRAINING REPORT - LANGUAGE  |                     | COURSE TITLE<br>Spanish Basic - RSW       |               |                  |           |
| INSTRUCTOR<br>Mr. P. Vanquez  |                     | PROGRAM<br>Daytime - Full-time            |               |                  |           |
| NO. OF STUDENTS<br>2  | NO. OF HOURS<br>800 | DATE OF COURSE<br>01/04/65 - 03/11/65     |               |                  |           |
| STUDENT   |                     |   |               |                  |           |
| NAME<br>   | VOB<br>10           | EOD DATE                                  | OFFICE<br>WII | GS               | SD<br>D   |
| (See reverse side for definitions of proficiency levels)  |                     |   |               |                  |           |
| LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING   |                     | INSTRUCTORS ESTIMATE                      |               | OFFICIAL TEST    |           |
| BEFORE  | NO PROFICIENCY      | SLIGHT                                    | ELEMENTARY    | INTERMEDIATE     | HIGH      |
|   | READING             | X   |               |                  |           |
|   | WRITING             | X   |               |                  |           |
|   | PRONUNCIATION       | X   |               |                  |           |
|   | SPEAKING            | X   |               |                  |           |
| UNDERSTANDING   | X                   |   |               |                  |           |
| LANGUAGE TRAINING OBJECTIVES AND METHODS  |                     |   |               |                  |           |
| <p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p> |                     |   |               |                  |           |
| PERFORMANCE EVALUATION  |                     |   |               |                  |           |
| AFTER   | UNSATISFACTORY      |   | SATISFACTORY  |                  | EXCELLENT |
|   |                     |   | X             |                  |           |
|   | X                   |   |               |                  |           |
| LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING  |                     | INSTRUCTORS ESTIMATE                      |               | OFFICIAL TEST    |           |
| AFTER   | NO PROFICIENCY      | SLIGHT                                    | ELEMENTARY    | INTERMEDIATE     | HIGH      |
|   | READING             | X   |               |                  |           |
|   | WRITING             | X   |               |                  |           |
|   | PRONUNCIATION       | X   |               | X                |           |
|   | SPEAKING            | X   |               |                  |           |
| UNDERSTANDING   |                     |   | X             |                  |           |
| <p>Postponed by Director of Training: None.</p> <p><i>W. Ray Ruckley</i></p> <p>W. Ray Ruckley<br/>Signature, Head of Department, LT/LES/OTC</p> <p>100%<br/>Learned</p>  |                     |   |               |                  |           |
| FOR THE DIRECTOR OF TRAINING:   |                     | SIGNATURE, HEAD OF DEPARTMENT, LT/LES/OTC |               | DATE<br>10/10/65 |           |

14-00000  
SECRET

Mr. Arthur R. Schwickrath

Dear Mr. Schwickrath:

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 1 August 1965, said contract is amended by adding the following paragraph thereto:

"Your eligibility and participation in this organization's Rest and Recuperation Program is herein authorized in accordance with rules and regulations applicable to Government appointed employees."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY

Contracting Officer

SECRET

Group 1 - Excluded from automatic declassification by specification

2011/02  
2011/02

14-00000  
17 NOVEMBER 1965

MEMORANDUM FOR: Contract Personnel Division,

Office of personnel

SUBJECT : R & R for Contract Employees

Please award the contracts of the following SCD Contract Personnel to provide for participation in the Saigon Station Rest and Recuperation Program. This amendment should be made effective as of 1 August 1965.

Anderson, Darvey  
Ashby, Holmes  
\_\_\_\_\_  
Gau, Claude  
Lambert, Bruce  
Kundich, Benedict  
McAuley, Robert J.  
Miller, William D.  
Morris, James  
Harwood, Thomas L.  
Robertson, William  
Stribid, Carl  
Scott, John H., Jr.

William E. Calley,  
Chair, Far East Division

Cordination:

R&R/P&R

INDEX:  YES  NO  
 CLASSIFY TO FILE NO.  
 X-REF TO FILE NO.  
 FILE RID  RET. TO BRANCH   
 DESTROY  RIO.

|   |                       |  |
|---|-----------------------|--|
| CLASSIFIED MESSAGE B                            |                       | TOTAL COPIES 19  |
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| PERSON/UNIT NOTIFIED                            |                       | 1  |
|   |                       | 2  |
|   |                       | 3  |
|   |                       | 4  |
| FROM<br><i>K/J</i>                              | ACTION<br><i>FE 8</i> | ADVANCE COPY<br><input checked="" type="checkbox"/> RID COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> FUSED |
| INFO<br><i>FILE, VR, CCS 3, CSP, OP 2, OF 2</i> |                       | UNIT TIME BY   |

*Car 607*  
S E C R E T 270916Z OATE SAIGON 9831

*27 JUN 1989*

PRIORITY HONG KONG INFO DIRECTOR

*Schurkrate, Arthur*

MR. ██████████ DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS  
 AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO  
 HQS.

S E C R E T

SECRET

BT

NNNN

14-00000  
5 087103

MEMORANDUM FOR: Chief, Contract Personnel Division/CP  
SUBJECT : SCHWICKRATH, Arthur R.  
Transfer to PB Division

Arthur R. SCHWICKRATH, Career Agent, transferred from WH  
Division to PB Division effective 20 August 1965. Please  
change subject's allotment number to 6137-1487, Saigon Station.

/s/ Harold E. Fadgett  
Joseph W. Smith  
AC/PB Division

Concur:

C/WH Form

Date:

8/20/65

SCHWICKRATH, Arthur E. (P) - CAREER AGENT

## PAYROLL CHANGE DATA

\$15,150

|                    | BASE PAY | OVERTIME | GROSS PAY | BEE | FEDERAL TAX | BOND | F.I.C.A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | NET PAY |
|--------------------|----------|----------|-----------|-----|-------------|------|----------|-----------|-----------------|-----------------|---------|
| 1. Previous normal |          |          |           |     |             |      |          |           |                 |                 |         |
| 2. New normal      |          |          |           |     |             |      |          |           |                 |                 |         |
| 3. Pay this period |          |          |           |     |             |      |          |           |                 |                 |         |
| 10. Remarks        |          |          |           |     |             |      |          |           |                 |                 |         |

I CERTIFY THAT THE WORK OF THE ABOVE NAMED  
EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF  
COMPETENCE.

11. Recorded on  
JLV 9 Jan 65

12. Audited by

|   |  |  |                                    |   |
|---|--|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Periodic step increase  | <input type="checkbox"/> Pay adjustment              | <input type="checkbox"/> Other step increase |                                    |   |
| 14. Effective date<br>25 Apr 65   | 15. Date last received<br>last increase<br>14 Apr 65 | 16. Old salary<br>rate<br>\$15,150           | 17. New salary<br>rate<br>\$15,610 | 18. Performance rating is satisfactory or better. |
| 19. LWOP date (if inappropriate, space clearly mark)<br>during following periods:<br>Period(s):                                       |  |  |                                    |   |
| <input checked="" type="checkbox"/> No excess LWOP. Total excess hours _____  |  |  |                                    |   |
| Signature or other authentication<br>(Check appropriate box in case of excess LWOP)   |  |  |                                    |   |
| <input type="checkbox"/> Is pay status at end of waiting period.<br><input type="checkbox"/> Is LWOP status at end of waiting period. |  |  |                                    |   |
| Initials of Clerk   |  |  |                                    |   |

STANDARD FORM NO. 11964  
GSA GEN. REG. NO. 2  
1726-508

CONFIDENTIAL PAYROLL CHANGE SLIP - PERSONNEL COPY

*Joseph B. Rager*

4 March 1965

MEMORANDUM FOR: Chief, Finance Division  
SUBJECT : Arthur E. SCHWICKRATH, Reassignment

In conjunction with the reassignment of Arthur E. SCHWICKRATH, Career Agent, from PW Division to WH Division, all salary and allowances are to be charged to Allocations 3135-1141 effective 17 January 1965.

Howard P. Gaylor  
Chief  
Western Hemisphere Division

CONCER:

SDPW DivisionCG 13-62 Panel

CORRECT PERTAINANT DIVISION



14-00000

S E C R E T

25 November 1964

MEMORANDUM FOR: Chief, Personnel Operations Division  
FROM : Executive Secretary, Honor and Merit Awards Board  
SUBJECT : Custody of the Honor Award presented to  
Mr. ██████████  
*Arthur R. Schwartzbach*

Due to security restrictions, the Honor and Merit Awards Board is acting as custodian of the Honor Award and related papers listed below: Intelligence Star  
Intelligence Star Certificate

When security restrictions no longer prevail, the awardee may obtain his award by calling the Secretariat.

*Jeanne L. Baker*  
JEANNE L. BAKER

Distribution:

- Orig. - Subject's CPP
- 1 - Subject's Division Chief
- 1 - HMAB Case File

S E C R E T

SECRET

SECRET

| FITNESS REPORT  |  |   |   |          |  |  | EMPLOYEE SERIAL NUMBER |                    |
|---|--|---|---|----------|--|--|------------------------|--------------------|
| <b>SECTION A</b>  |  |   |   |          |  |  |                        |                    |
| 1. NAME<br>COUSIN, LUCIEN E.  |  |   | GENERAL   |          |  |  |                        |                    |
| 2. DATE OF BIRTH  |  |   | 3. SEX  | 4. GRADE | 5. SD  |  |                        |                    |
|   |  |   | M   | GS-14    |  |  |                        |                    |
| 6. OFFICIAL POSITION TITLE<br>OIS OFFICER   |  |   | 7. OFF/DIV/BR OF ASSIGNMENT<br>DDP/FE/VIC   |          | 8. CURRENT STATION<br>Saigon                     |  |                        |                    |
| 9. CHECK (X) TYPE OF APPOINTMENT<br><input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br>CAREER-PROVISIONAL (See Instructions - Section C)   |  |   | 10. CHECK (X) TYPE OF REPORT<br><input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify): |          | REASSIGNMENT SUPERVISOR<br>REASSIGNMENT EMPLOYEE |  |                        |                    |
| SPECIAL (Specify):  |  |   |   |          |  |  |                        |                    |
| 11. DATE REPORT DUE IN O.P.   |  |   | 12. REPORTING PERIOD (From To)  |          | 1 April 1964 - 10 September 1964                 |  |                        |                    |
| <b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>  |  |   |   |          |  |  |                        |                    |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |   |   |          |  |  |                        |                    |
| <b>SPECIFIC DUTIES</b>  |  |   |   |          |  |  |                        |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |   |   |          |  |  |                        |                    |
| SPECIFIC DUTY NO. 1   |  | Maintains, under supervision of the COS, discreet liaison with the Prime Minister.  |   |          |  |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 2   |  | Senior advisor in the selection, training, maintenance and operation of the Prime Minister's personal security force.   |   |          |  |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3   |  | Under COS direction maintains contact for intelligence and political action purposes with a variety of senior indigenous officers, including Chief of State, senior staff officers, Corps commanders, Foreign Minister, province chiefs, and lesser officers. |   |          |  |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 4   |  | Has, and uses operationally, area and language knowledge.   |   |          |  |  |                        | RATING LETTER<br>O |
| SPECIFIC DUTY NO. 5   |  |   |   |          |  |  |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 6   |  |   |   |          |  |  |                        | RATING LETTER      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |   |   |          |  |  |                        |                    |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, contributions, pertinent personnel traits or habits, and particular limitations of talents. Based on your knowledge of employee's overall performance during the testing period, place the letter in the rating box corresponding to the statement which most accurately reflects the level of performance.</p>   |  |   |   |          |  |  |                        |                    |
| RATING LETTER<br>S  |  |   |   |          |  |  |                        |                    |

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This officer is personally acquainted with almost every senior official or officer in the Vietnamese Government and armed forces, and with a significant number of these this acquaintanceship amounts to close personal friendships extending back over a number of years. These associations have given this officer truly unique access to senior echelons of Vietnamese leadership, and he has exploited this access effectively and to great value to the Station. He has had long experience in this area, and uses his understanding of it to great effect. He works very well independently and has shown considerable initiative. He balks at no assignment, and carries out all assignments without regard for his personal convenience, safety, or well being. In the field of written expression this officer's performance falls somewhat short, but he has made strenuous efforts to improve in this sector with some success. All in all, he is an imaginative and dedicated officer who can be counted on to discharge his duties with high effectiveness and total personal commitment. It has been a pleasure to have had him at the Station.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

/s/ Lucien E. Gonin

2.

**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN THROWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

10 September 61

COS

/s/ Lucie Gonin

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

**SECRET**

SECRET

(Do not Fill In)

|  |  |   |   |                                     |                        |                           |                        |
|--|--|---|---|-------------------------------------|------------------------|---------------------------|------------------------|
| <i>Sahucille</i>   |  |   |   |                                     | FITNESS REPORT         |                           | EMPLOYEE SERIAL NUMBER |
| SECTION A  |  |   |   |                                     | GENERAL                |                           |                        |
| 1. NAME (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]   |  |   | 2. DATE OF BIRTH  | 3. SEX                              | 4. GRADE               | 5. SD                     |                        |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  |   | 7. OFF/DIV/GR OF ASSIGNMENT<br><b>DDP/FE/VNC</b>                    | 8. CURRENT STATION<br><b>Saigon</b> |                        |                           |                        |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |   | 10. CHECK (X) TYPE OF REPORT  |                                     |                        |                           |                        |
| CAREER   | RESERVE  | TEMPORARY   | INITIAL   | REASSIGNMENT SUPERVISOR             |                        |                           |                        |
| CAREER-PROVISIONAL (See Instructions - Section C)  |  |   | X ANNUAL  | REASSIGNMENT EMPLOYEE               |                        |                           |                        |
| SPECIAL (Specify):   |  |   | SPECIAL (Specify):  |                                     |                        |                           |                        |
| 11. DATE REPORT DUE IN O.P.  |  |   | 12. REPORTING PERIOD (From To)<br><b>1 April 63 - 31 March 1964</b> |                                     |                        |                           |                        |
| SECTION B  |  |   |   |                                     | PERFORMANCE EVALUATION |                           |                        |
| <b>W - Weak</b>  | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |   |   |                                     |                        |                           |                        |
| <b>A - Adequate</b>  | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |   |   |                                     |                        |                           |                        |
| <b>P - Proficient</b>  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |   |   |                                     |                        |                           |                        |
| <b>S - Strong</b>  | Performance is characterized by exceptional proficiency.   |   |   |                                     |                        |                           |                        |
| <b>O - Outstanding</b>   | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.   |   |   |                                     |                        |                           |                        |
| SECTION C - SPECIFIC DUTIES  |  |   |   |                                     |                        |                           |                        |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).   |  |   |   |                                     |                        |                           |                        |
| SPECIFIC DUTY NO. 1  |  | Maintains, under supervision of the COS, discreet liaison with the Prime Minister.  |   |                                     |                        | RATING LETTER<br><b>S</b> |                        |
| SPECIFIC DUTY NO. 2  |  | Senior advisor in the selection, training, maintenance and operation of the Prime Minister's personal security force.   |   |                                     |                        | RATING LETTER<br><b>S</b> |                        |
| SPECIFIC DUTY NO. 3  |  | Under COS direction maintains contact for intelligence and political action purposes with a variety of senior indigenous officers, including Chief of State, senior staff officers, Corps commanders, Foreign Minister, province chiefs, and lesser officers. |   |                                     |                        | RATING LETTER<br><b>S</b> |                        |
| SPECIFIC DUTY NO. 4  |  | Has, and uses operationally, area and language knowledge.   |   |                                     |                        | RATING LETTER<br><b>O</b> |                        |
| SPECIFIC DUTY NO. 5  |  |   |   |                                     |                        | RATING LETTER             |                        |
| SPECIFIC DUTY NO. 6  |  |   |   |                                     |                        | RATING LETTER             |                        |
| OVERALL PERFORMANCE IN CURRENT POSITION  |  |   |   |                                     |                        |                           |                        |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |   |   |                                     |                        |                           |                        |
| FORM 45 OBSOLETE Previous Versions<br>4-67   |  | SECRET  |   |                                     |                        | RATING LETTER<br><b>S</b> |                        |

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties *27/01/64* by described, if applicable.

Subject is a virtual walking encyclopedia on the history, customs and senior personalities of Vietnam. He has been associated with this area on and off over the period of the last 19 years. During this time he has developed lasting friendships with many individuals who are now in high positions of power within the government. These contacts are of considerable importance to the Station in its intelligence appreciation of the situation and in the coordination of operational activities on a discreet basis with those high personalities. At the personal request of the Prime Minister he has become senior advisor to the Prime Minister's personal protection force and has, in fact, formed and trained this force from scratch. He is a highly motivated and dedicated officer to whom considerations of personal convenience and safety are always second to his determination to achieve whatever mission is given to him.

On the negative side, his written and oral presentation, while showing some improvement over the previous report, still needs additional improvement. He has no supervisory responsibilities at the present time and therefore is not rated on that score. He exhibits a good sense of cost consciousness in utilization of manpower, materiel and funds.

**SECTION D****CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

*/B/ [Signature]***2.****BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

DCOS

/s/ David R. Smith

**3.****BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Only his difficulty in expressing himself in writing prevents this officer from being rated "Outstanding". He is a calm and detached professional who at the same time is intimately caught up in his work and in the many important contacts he has on the local scene. His very valuable role could not be performed by anyone else at this Station, nor to my knowledge, by anyone else in the organization at the present time. He is a highly valued member of the Station.

*[Signature]*

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

COS

/s/ Peer de Silva

**SECRET**

Transmitted VIA FWT 8  
Dated 27 February 1963

SECRET  
(When Filled In)

20-00

| FITNESS REPORT   |  |           |  |                    |                                | EMPLOYEE SERIAL NUMBER                            |  |              |   |                |   |            |  |                         |  |                        |                   |  |
|--|--|-----------|--|--------------------|--------------------------------|---|--|--------------|---|----------------|---|------------|--|-------------------------|--|------------------------|-------------------|--|
| <b>SECTION A</b>   |  |           |  |                    |                                | <b>GENERAL</b>                                    |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| 1. NAME (Last) (First) (Middle)<br><i>Schweikert, John G.</i>  |  |           | 2. DATE OF BIRTH<br><i>29 Nov 19</i>                                       | 3. SEX<br><i>M</i> | 4. GRADE<br><i>Equiv GS 13</i> | 5. SD<br><i>CURRENT STATION</i>                   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  |           | 7. OFF/DIV/BN OF ASSIGNMENT<br><b>8.1gon Station</b>                       |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| 8. CHECK (X) TYPE OF APPOINTMENT<br><table border="1"> <tr> <td>CAREER</td> <td>RESERVE</td> <td>TEMPORARY</td> </tr> <tr> <td colspan="3">CAREER-PROVISIONAL (See Instructions - Section C)</td> </tr> </table>   |  |           | CAREER   | RESERVE            | TEMPORARY                      | CAREER-PROVISIONAL (See Instructions - Section C) |  |              | 9. CHECK (X) TYPE OF REPORT<br><table border="1"> <tr> <td>INITIAL</td> <td>REASSIGNMENT SUPERVISOR</td> </tr> <tr> <td>X ANNUAL</td> <td>REASSIGNMENT EMPLOYEE</td> </tr> <tr> <td colspan="2">SPECIAL (Specify)</td> </tr> </table> |                |   |            | INITIAL  | REASSIGNMENT SUPERVISOR | X ANNUAL   | REASSIGNMENT EMPLOYEE  | SPECIAL (Specify) |  |
| CAREER   | RESERVE  | TEMPORARY |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| CAREER-PROVISIONAL (See Instructions - Section C)  |  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| INITIAL  | REASSIGNMENT SUPERVISOR  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| X ANNUAL   | REASSIGNMENT EMPLOYEE  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIAL (Specify)  |  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| 10. DATE REPORT DUE IN O.P.<br><b>28 February 1963</b>   |  |           | 11. REPORTING PERIOD (From - To)<br><b>3 January 1963-31 December 1963</b> |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| <b>SECTION B</b>   |  |           |  |                    |                                | <b>PERFORMANCE EVALUATION</b>                     |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| <table border="0"> <tr> <td>W - Weak</td> <td>Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</td> </tr> <tr> <td>A - Adequate</td> <td>Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</td> </tr> <tr> <td>P - Proficient</td> <td>Performance is more than satisfactory. Desired results are being produced in a proficient manner.</td> </tr> <tr> <td>S - Strong</td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td>O - Outstanding</td> <td>Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</td> </tr> </table> |  |           |  |                    |                                | W - Weak  | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.  | P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | S - Strong | Performance is characterized by exceptional proficiency. | O - Outstanding         | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | <b>SPECIFIC DUTIES</b> |                   |  |
| W - Weak   | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| A - Adequate   | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| P - Proficient   | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| S - Strong   | Performance is characterized by exceptional proficiency.   |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| O - Outstanding  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.   |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>  |  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIFIC DUTY NO. 1<br><b>Station paramilitary staff officer, advises COS and DCOS on major counterinsurgency programs, affects coordination among these programs and conducts on site inspection on behalf of COS.</b>  |  |           |  |                    |                                | RATING LETTER<br><b>S</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIFIC DUTY NO. 2<br><b>Conducts ministerial level liaison with Minister of Interior to accomplish coordination of Station programs with that ministry and to derive positive and counter intelligence information from Minister and his staff.</b>  |  |           |  |                    |                                | RATING LETTER<br><b>S</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIFIC DUTY NO. 3<br><b>Conducts liaison with senior RVN military officials many of whom are general officers, long term friends and former subordinates.</b>  |  |           |  |                    |                                | RATING LETTER<br><b>S</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIFIC DUTY NO. 4<br><b>Represents COS on Country Team committees and serves as member of Joint Unconventional Warfare Committee.</b>  |  |           |  |                    |                                | RATING LETTER<br><b>S</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIFIC DUTY NO. 5<br><b>Station senior area and language expert deriving from approximately seventeen years residence in and study of Indochina.</b>   |  |           |  |                    |                                | RATING LETTER<br><b>O</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| SPECIFIC DUTY NO. 6<br><b>Conducts liaison with U.S. Special Forces and acts as honorary Executive Officer, Special Forces Command, Vietnam.</b>   |  |           |  |                    |                                | RATING LETTER<br><b>P</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>  |  |           |  |                    |                                |   |  |              |   |                |   |            |  |                         |  |                        |                   |  |
|  |  |           |  |                    |                                | RATING LETTER<br><b>S</b>                         |  |              |   |                |   |            |  |                         |  |                        |                   |  |

**SECRET**  
(When Filled In)

|   |                                      |                                     |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
|---|--------------------------------------|-------------------------------------|--|------|-----------------------|------------------|----------------------|------|-------------------------------|-------------------------------------|------------------|------|--------------------|------|--------------------------------------|-------------------------------------|------------------|-----|------------------------|
| <b>SECTION C</b>  |                                      | <b>NARRATIVE COMMENTS</b>           |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject is one of the outstanding American experts on current day Vietnam. He has lived and traveled in the area for a number of years and has continued a study of the area while absent from it. Many of the current senior officers up to the general staff level were formerly Subject's subordinates and regard him as a friend and colleague whom they trust and in whom they will confide. This relationship of trust and friendship fortunately also exists with the Minister of Interior who is the forth or fifth leading personality in the government. Subject was formerly a senior officer in the U.S. Special Forces and by virtue of his qualifications and experience in this field has been of considerable value to this Station in the extensive programs it has undertaken in concert with that command. He is additionally a skilled clandestine operator with a thorough grounding in technique and a wide and colorful background of experience. Subject's ability to express himself in writing, while adequate, can stand improvement. He is evidently sincerely attempting to remedy this and some progress is noticeable. Overall, Subject is a distinct asset to the Station and we are particularly pleased to have him. Subject is a career agent and an amendment of his contract to reflect a promotion to the next higher equivalent grade is recommended. It is likewise recommended that he be promoted from the USAR reserve rank of Lt. Col. to Col. in order to increase his prestige in negotiations on behalf of the COS.</p> |                                      |                                     |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| <b>SECTION D</b>  |                                      | <b>CERTIFICATION AND COMMENTS</b>   |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| <p>1. <b>BY EMPLOYEE</b></p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">DATE</td> <td style="width: 70%;">SIGNATURE OF EMPLOYEE</td> </tr> <tr> <td>25 February 1963</td> <td>/S/ Lucien E. Conein</td> </tr> </table> <p>2. <b>BY SUPERVISOR</b></p> <p>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION      IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">DATE</td> <td style="width: 40%;">OFFICIAL TITLE OF SUPERVISION</td> <td style="width: 30%;">TYPED OR PRINTED NAME AND SIGNATURE</td> </tr> <tr> <td>25 February 1963</td> <td>ECOS</td> <td>/S/ David R. Smith</td> </tr> </table> <p>3. <b>BY REVIEWING OFFICIAL</b></p> <p>COMMENTS OF REVIEWING OFFICIAL I concur in the rating given above to Subject who has proved himself invaluable to the Station and to the front office in terms of his thorough knowledge of the Vietnamese scene, of Vietnamese personalities, and of the many issues involved here. I have personally leaned heavily on his judgment and advice. Our high appraisal of Subject is shared by the Ambassador and by the Deputy Chief of Mission. I have found that Subject works in a discipline manner and functions cooperatively with other members of the Station. He has made very definite progress as a Staff officer and in applying himself to the paper work which goes with that responsibility. I personally initiated the recommendation that Subject be promoted in Agency grade as well as in U.S. Army rank, mentioned in Section C, above.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">DATE</td> <td style="width: 40%;">OFFICIAL TITLE OF REVIEWING OFFICIAL</td> <td style="width: 30%;">TYPED OR PRINTED NAME AND SIGNATURE</td> </tr> <tr> <td>25 February 1963</td> <td>COS</td> <td>/S/ John E. Richardson</td> </tr> </table>  |                                      |                                     |  | DATE | SIGNATURE OF EMPLOYEE | 25 February 1963 | /S/ Lucien E. Conein | DATE | OFFICIAL TITLE OF SUPERVISION | TYPED OR PRINTED NAME AND SIGNATURE | 25 February 1963 | ECOS | /S/ David R. Smith | DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | 25 February 1963 | COS | /S/ John E. Richardson |
| DATE  | SIGNATURE OF EMPLOYEE                |                                     |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| 25 February 1963  | /S/ Lucien E. Conein                 |                                     |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| DATE  | OFFICIAL TITLE OF SUPERVISION        | TYPED OR PRINTED NAME AND SIGNATURE |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| 25 February 1963  | ECOS                                 | /S/ David R. Smith                  |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |
| 25 February 1963  | COS                                  | /S/ John E. Richardson              |  |      |                       |                  |                      |      |                               |                                     |                  |      |                    |      |                                      |                                     |                  |     |                        |

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CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-85848

| 1. Agency and organizational designations<br><b>DDP/FE</b>   |          | 2. Payroll period                      |           | 3. Blank No. |             | 4. Slip No. |             |  |                 |   |  |         |
|--|----------|--|-----------|--------------|-------------|-------------|-------------|--|-----------------|---|--|---------|
| 5. Employee's name (and social security account number when appropriate)<br><b>SCHWICKRATH, Arthur R. (P) CAREER AGENT</b>   |          | 6. Grade and salary<br><b>\$14,065</b> |           |              |             |             |             |  |                 |   |  |         |
| PAYROLL CHANGE DATA  |          |  |           |              |             |             |             |  |                 |   |  |         |
|  | BASE PAY | OVERTIME                               | GROSS PAY | REF.         | FEDERAL TAX | BOND        | P. I. C. A. | STATE TAX  | GROUP LIFE INS. | HEALTH BENEFITS   |  | NET PAY |
| 7. Previous normal   |          |  |           |              |             |             |             |  |                 |   |  |         |
| 8. New normal  |          |  |           |              |             |             |             |  |                 |   |  |         |
| 9. Pay this period   |          |  |           |              |             |             |             |  |                 |   |  |         |
| 10. Remarks<br><b>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</b>   |          |  |           |              |             |             |             | 11. Appropriation(s)   |                 | 12. Prepared by<br><i>Joseph B. Guzman</i><br>Jly 15 Jan 64 |  |         |
| <input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase<br>14. Effective date   15. Date last equivalent increase   16. Old salary rate   17. New salary rate   18. Performance rating is satisfactory or better<br><b>26 Apr 64   28 Apr 63   \$14,065   \$14,515</b> |          |  |           |              |             |             |             | (Signature or other authentication)<br><small>(Check applicable box in case of excess LWOP)</small><br><input type="checkbox"/> In pay status at end of waiting period.<br><input type="checkbox"/> In LWOP status at end of waiting period.<br><small>Initials of Clerk</small> |                 |   |  |         |
| 19. LWOP data (fill in appropriate spaces covering LWOP during following period)<br>Period(s):<br><input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP.   |          |  |           |              |             |             |             |  |                 |   |  |         |
| CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY  |          |  |           |              |             |             |             |  |                 |   |  |         |
| STANDARD FORM NO. 5126d<br>GSA GEN. REG. NO. 2<br>6 OAO 6000 1126-508  |          |  |           |              |             |             |             |  |                 |   |  |         |

14-00000  
**SECRET**

Mr. Arthur R. Schwickerath

Dear Mr. Schwickerath:

Rolerance is made to your contract with the United States Government, as represented by the Contracting Officer, effective 16 November 1961.

Effective 26 April 1963 said contract is amended by revising the first sentence of paragraph three (3) entitled "Compensation and Taxes" to read as follows:

"For your services as a Career Agent you will be compensated at a basic salary of \$13,270 per annum, the equivalent of a GS-142."

All other terms and conditions of the contract remain in full force and effect.

UNITED STATES GOVERNMENT

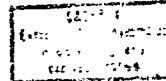
BY \_\_\_\_\_  
Contracting Officer

DHC/st 1077 May 63

CA/PMD

C.A.

**SECRET**



CONFIDENTIAL

25 APR 1963

MEMORANDUM FOR: CSPO/Career Agent Panel

SUBJECT : [REDACTED], Salary Increase  
Schwicknath, Arthur R.

1. It is requested that Mr. [REDACTED]'s contract with this Agency as a Career Agent be amended to reflect a salary increase to the equivalent of a GS-14. His present salary is equal to a GS-13(4), \$12,245; the increase is computed to be the equivalent of GS-14(2), \$13,270.

2. Mr. [REDACTED] who is contracted by the Agency under the ZEBRA program, is presently assigned to the Saigon Station where he functions as the Station paramilitary staff officer, senior advisor on the major counterinsurgency programs. His extensive background and experience in Vietnam has made him a particularly valuable officer and asset to the Station. His overall performance is evaluated in his Fitness Report as strong. The Chief of Station, Saigon, has recommended that Mr. [REDACTED] be given a promotion to the GS-14 equivalent and the Acting Chief, SOD, concur.

3. The amendment should be effective with the next pay period.

L. E. C. Ellin  
LAWRENCE E. ELLIN  
Chief, Far East Division

Approved by CSPO Panel  
(Date) 9 May 1963  
D. G. Collins  
Secretary, CSPO

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17 NOV 1961

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Arthur R. SCHWICKRATH

1. Arthur R. SCHWICKRATH, Career Agent with project ZRJEWEL is hereby assigned to the Far East Division for PCS Saigon, Vietnam. Therefore, FE Division is responsible for completing the final details of his processing:

- a. Arranging cover.
- b. Completing Form 313a and financial briefing.
- c. Arranging for insurance (health and if desired, life insurance).
- d. All processing for PCS assignment.

2. SCHWICKRATH will be paid by FE Division, allotment number 2137-7251-1000, and FE Division will be administratively responsible for SCHWICKRATH's welfare during his tour of duty with that division. It is requested that regular annual fitness reports be forwarded to CA Staff for SCHWICKRATH. It is further requested that CA Staff be advised of any action taken which will affect SCHWICKRATH's career with the Agency as a member of project ZRJEWEL, including any amendments to the present contract.

3. After SCHWICKRATH completes his tour of duty with FE Division he will return to project ZRJEWEL, and all administrative responsibility will then be transferred from FE back to CA Staff.

4. SCHWICKRATH received a full security clearance on 12 October 1961, and initial approval for PCS Saigon, 15 November 1961.

*Charles J. Francis*  
CHARLES J. FRANCIS  
Chief, Support Group, CA Staff

CONCUR:

*William H. Waes* 22 Nov 61  
Chief, FE Support (Date)

**SECRET**

**SECRET**

Mr. Arthur R. Schwickrath

Dear Mr. Schwickrath:

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

2. Cover. In the performance of your services hereunder, you will act under cover suitable to conceal your relationship with the Government. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

3. Compensation and Taxes. For your services as a Career Agent, you will be compensated at a basic salary of \$11,415 per annum. You will be entitled to a post differential in conformance with applicable Government regulations. In addition, you will be entitled to within-grade promotions and Legislative pay adjustments in substantial conformance with rules and regulations applicable to Government appointed personnel. Payments will be made as directed by you in writing in a manner acceptable to the Government. Monies paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

4. Allowances. You will be entitled to: (a) Living quarters allowances in conformance with applicable Government regulations. You may be provided quarters by your cover facility or the Government and, in such event, you will not be entitled to the living quarters allowances herein indicated.

(b) Cost of living allowances in conformance with applicable Government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a home service transfer allowance, an education allowance and a separation allowance.

5. Travel. You will be advanced or reimbursed funds for travel and transportation expenses for you, your dependents, your household effects and your personal automobile to and from your permanent post of assignment, and for you alone for authorized operational travel. In addition, you will be entitled to storage of such household and personal effects as are not shipped

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in conformance with applicable Government regulations. You will be entitled to per diem in lieu of subsistence in the course of all travel performed hereunder, and when authorized, for you alone while on temporary duty away from your permanent post of assignment. In addition, you will be entitled to reimbursement in accordance with standardized Government rates for the authorized official use of your private automobile. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

6. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government. Such funds will be subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

7. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

8. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to sick, annual and home leave (including travel expenses incident thereto) equal to and subject to the same rules and regulations applicable to Government appointed employees. Annual leave may only be taken at times and places approved in advance by appropriate Government representatives.

(d) From the salary paid pursuant to this contract there shall be deducted the appropriate rate percentage (presently 6 1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security, such contributions will be at your expense and you will not be reimbursed therefor by the Government.

(e) (1) This organization is authorized to pay the cost of necessary hospitalization and related travel expenses for illness or injury incurred by the U. S. citizen full-time Career Agent in the line of duty while permanently assigned abroad.

(2) This organization may pay certain necessary costs of hospitalization and related travel expenses for illness or injury incurred by the dependents of a U. S. citizen full-time Career Agent permanently assigned abroad, while they are located abroad.

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It is understood and agreed that the eligibility and extent of the participation by you and your dependents in the above medical programs will be in conformance with the rules, regulations and policies of this organization in effect at the time an illness or injury is incurred, that all claims will be submitted only to this organization and that adjudication of such claims by this organization shall be final and conclusive.

(f) You are herein authorized to apply for enrollment in a health insurance program for certain selected Career Agents in this organization, subject to all the terms and conditions of that program. If accepted, this organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

9. Offset. Any and all compensation, allowances or other benefits (including benefits in kind) received from or through your cover activities will be used to offset amounts due you under this contract and will reduce accordingly the Government's direct payment obligation hereunder. Sums so offset are payment by the Government under this contract and for purposes of Federal income taxation. You will report every four (4) months during the term of this agreement all benefits received from or through your cover activities and, if such benefits exceed those due you under this contract, the report will be accompanied by said excess amount, which you hereby agree is the sole property of the Government. Failure to submit timely reports and, as appropriate, excess payments, may result in suspension of any payments due you hereunder. As an alternative to the above, the Government may at any time exercise its basic right to require payment over to it of the emoluments received by you from or through your cover activities which would otherwise be offset as described above. In such cases the Government will pay directly to you the emoluments called for by this contract.

10. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

13. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

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**SECRET**

14. Term. This contract is effective as of 12/1/61, and shall continue thereafter for an indefinite period unless sooner terminated:

- (a) Upon ninety (90) days' actual notice by either party hereto, or
- (b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or
- (c) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. In the event of voluntary termination on your part or termination for cause by the Government prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel expense to the United States. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

Arthur R. Schwiegrath

WITNESS:

APPROVED:

(D. 10-2/16/61  
EN/PMG)

| CONTRACT INFORMATION AND CHECK LIST  |  |  |  | NAME OF AGENT<br>Ernest F. FOX   | CLASSIFICATION<br>CA TWO |
|--|--|--|--|--|--------------------------|
| Fees will be paid to CIA and CIA-1000-1 for information<br>submitted forward original and two copies for preparation.  |  |  |  | TELEPHONE EXTENSION<br>1611  | DATE<br>16 October 1961  |
| SECTION I<br>1. NAME <input checked="" type="checkbox"/> PICTURE <input type="checkbox"/> TONE<br><b>Arthur R. Schwickerath</b>  |  |  |  | GENERAL<br>2A. PROJECT<br><b>ZERKEL</b><br>2B. PERMANENT STATION<br><b>Unknown</b>   |                          |
|  |  |  |  | 3. ALLOCATION NO.<br><input type="checkbox"/> X <input type="checkbox"/>   |                          |
| 4. PREVIOUS CIA PSEUDONYM OR ALIASES<br><b>Mortis F. Sewell</b><br><b>Virgil M. Durkum</b>   |  |  |  | 5. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY<br>PRIOR TO THIS CONTRACT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, describe and include dates<br>and salary.) <input checked="" type="checkbox"/> |                          |
| 6. SECURITY CLEARANCE (Type and date)<br><b>Top - requested 21 Oct 61</b>  |  |  |  | 7A. MEDICAL CLEARANCE<br><input checked="" type="checkbox"/> OBTAINED <input checked="" type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.  |                          |
| 7B. OFFICIAL DUTY WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE<br>HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A<br>STAFF EMPLOYEE OR STAFF AGENT                    |  |  |  | 8. CONTRACT IS TO BE WRITTEN IN SIMPLE FORM<br>I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> <input type="checkbox"/> NO   |                          |
|  |  |  |  | 9. PROPOSED CATEGORY (Contract agent,<br>contract employee, etc.)<br><b>Career Agent ✓</b>   |                          |
| SECTION II<br>11. CITIZENSHIP<br><b>U.S.</b>   |  |  |  | PERSONAL DATA<br>12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMA-<br>NENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                          |
| 13. LEGAL RESIDENCE (City and state or country)<br><b>Kansas City, Kansas</b>  |  |  |  | 14. AGE<br><b>41</b> 15. DATE OF BIRTH (Month, day, year)<br><b>29 Nov. 1919</b>   |                          |
| 16. CURRENT RESIDENCE (City and state or country)<br><b>McLean, Virginia</b>   |  |  |  | 17. MARITAL STATUS (Check as appropriate)<br><input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> BIDDEN <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED        |                          |
| 18. NUMBER OF DEPENDENTS (Not including individual)<br>RELATIONSHIP AND AGE:<br><br>Wife - Elyette B. - 30<br>Son - Laurent P. - 3 1/2<br>Son - Philippe J. - 2<br>Son - Charles - 11 (with former wife) |  |  |  | 19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR<br>AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SAME<br>CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                          |
|  |  |  |  | 20. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR<br>AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SAME<br>CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                          |
| SECTION III<br>21. RESERVE<br><b>Retired Reserve</b>   |  |  |  | 22. VETERAN<br><b>Yes</b>  |                          |
| 23. BRANCH OF SERVICE<br><b>103 Army</b>   |  |  |  | 24. RANK OR GRADE<br><b>Lt. Col.</b>   |                          |
| 25. BASIC SALARY<br><b>\$11,415</b>  |  |  |  | 26. COVER (Breakdown, if any)<br><b>To be established</b>  |                          |
| 27. POST DIFFERENTIAL<br><b>✓</b>  |  |  |  | 28. DRAFT DEFERMENT OBTAINED<br>BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                          |
| 29. FEDERAL TAX WITHOLDING<br><b>COVER CIA<br/>X YES ✓ NO</b>  |  |  |  | 30. FEDERAL TAX WITHOLDING<br><b>COVER CIA<br/>X YES ✓ NO</b>  |                          |
| SECTION IV<br>31. SEASIDE<br><b>YES ✓</b>  |  |  |  | 32. POST<br><b>YES ✓</b>   |                          |
| 33. OTHER<br><b>Transfer, home service transfer,<br/>education, separation-when-applicable</b>   |  |  |  | 34. COVER (Breakdown, if any)<br><b>To be established</b>  |                          |
| SECTION V<br>35. TRAVEL<br><b>✓</b>  |  |  |  | 36. PERSONAL VEHICLE TO BE SHIPPED<br><b>✓</b>   |                          |
| 37. PERSONAL VEHICLE TO BE SHIPPED<br><b>✓</b>   |  |  |  | 38. TRANSPORTATION VEHICLE TO BE<br>USED IN OPERATIONS<br><b>✓</b>   |                          |
| 39. PERSONAL VEHICLE TO BE SHIPPED<br><b>✓</b>   |  |  |  | 40. PERSONAL VEHICLE TO BE SHIPPED<br><b>✓</b>   |                          |
| 41. IN WITH DEFENDANT'S STATUS RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH<br><br>Wife - US - 32 - 4 Sept. 1929<br>Son - US - 3 1/2 - 19 Apr. 1958<br>Son - US - 2 - 16 Nov. 1959                   |  |  |  | 42. PERSONAL VEHICLE TO BE SHIPPED<br><b>✓</b>   |                          |
| 43. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH<br><b>CIA REGULATIONS</b>   |  |  |  | 44. PERSONAL VEHICLE TO BE SHIPPED<br><b>✓</b>   |                          |
| SECTION VI<br>45. PURCHASE OF INFORMATION<br><b>None applicable</b>  |  |  |  | 46. OPERATIONAL<br>WHERE APPLICABLE<br><b>None applicable</b>  |                          |
| 47. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH<br><b>CIA REGULATIONS OR</b>  |  |  |  | 48. REMARKS<br><br><i>Please Ammunition request<br/>you go ahead see the base<br/>in advance of your approval<br/>(which he is working on)<br/>A Staff wants to type up<br/>subject to him.<br/>Security approval is<br/>not required.</i>                             |                          |

|   |                                       |
|---|---------------------------------------|
| TRANSMITTAL SLIP  | DATE<br>15 NOV 61                     |
| TO:<br>HOMERO<br>HOOM NO  | <i>Mr. P. L. Schaefer</i><br>BUILDING |
| REMARKS   |                                       |
| <p>Per Armstrong's request<br/>     you go ahead &amp; release<br/>     Indians of James' approval<br/>     which he is working on.<br/>     If staff wants to sign off<br/>     subject to Nov.<br/>     Security approval is<br/>     wanted in case<br/>     parties do not b.</p> |                                       |

|   |  |   |                          |   |                             |
|---|--|---|--------------------------|---|-----------------------------|
| CONTRACT INFORMATION AND CHECK LIST<br>(CONTINUED)  |  |   |                          | NAME OF OFFICER<br>Ernest P. Fox        | GRADE<br>CAPT               |
| WITNESS INSTRUCTIONS ON FIRST SWIFT   |  |   |                          | TELEPHONE EXTENSION<br>4611             | DATE<br>10 October 1961     |
| SECTION VIII  |  |   |                          | OTHER BENEFITS                          |                             |
| 48. BENEFITS (See: R 20-613, R 20-620, R 20-628, R 20-1000, and RD 20-620-1, RD 20-1000-1 and other successor regulations for benefits applicable to various categories of contract personnel.)   |  |   |                          |   |                             |
| <input checked="" type="checkbox"/> FECA<br><input checked="" type="checkbox"/> Missing Persons Act<br><input checked="" type="checkbox"/> Right to Annual Leave<br><input checked="" type="checkbox"/> Civil Service Retirement<br><input checked="" type="checkbox"/> Life & Hospitalization Insurance<br><input checked="" type="checkbox"/> Overtime<br><input checked="" type="checkbox"/> Periodic Step Increases |  |   |                          |   |                             |
| <b>Legislative Pay Adjustments.</b>   |  |   |                          |   |                             |
| SECTION IX  |  |   |                          | COVER ACTIVITY                          |                             |
| 49. STATUS<br>(Check)   | <input checked="" type="checkbox"/> PROPOSED | 50. TYPE<br>(Check)   | 51. PURPOSE<br>PURCHASED | CULTURAL                                | COMMERCIAL                  |
| ESTABLISHED   |  | ACTUAL  | SUPERVISION              | EDUCATIONAL                             | MILITARY                    |
| 49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE MADE ON REIMBURSABLE BASIS   |  |   |                          |   |                             |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL  |  |   |                          |   |                             |
| SECTION X   |  |   |                          | OFFSET OF INCOME                        |                             |
| 50. OFFSET OF INCOME AND OTHER ENCLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)   |  |   |                          |   |                             |
| <input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE  |  |   |                          |   |                             |
| SECTION XI  |  |   |                          | TERM                                    |                             |
| 51. DURATION  | 52. EFFECTIVE DATE                           |   |                          | 53. RENEWABLE                           |                             |
| <input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input checked="" type="checkbox"/> YEARS   |  |   |                          | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 54. TERMINATION NOTICE (Number of days)   |  | 55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION |                          |   |                             |
| 90 days   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO           |                          |   |                             |
| SECTION XII   |  |   |                          | FUNCTION                                |                             |
| 56. PRIMARY FUNCTION (CS, PI, PP, other)<br><b>Paramilitary Operations</b>  |  |   |                          |   |                             |
| SECTION XIII  |  |   |                          | DUTIES                                  |                             |
| 57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED<br><br><b>Paramilitary Specialist</b>   |  |   |                          |   |                             |
| SECTION XIV   |  |   |                          | QUALIFICATIONS                          |                             |
| 58. EXPERIENCE  |  |   |                          |   |                             |
| Sept. 41-1 Oct. 1961 - US Army - Parachute; infantry - c/Mil.Liaison Group AMISH/HAAG, Teheran; Asst.Chief of Staff for Intelligence - Special Forces Btn. Cdr. - 3 years<br>(July 1943 - Oct. 1956 - CIA and predecessor organizations - had all Agency FM training)   |  |   |                          |   |                             |
| 59. EDUCATION   | 60. LANGUAGE COMPETENCE                      |   |                          |   |                             |
| (Check Appropriate<br>Degree Attained)  | (Check Appropriate<br>Degree Competency)     |   |                          |   |                             |
| GRADE SCHOOL      HIGH SCHOOL      COLLEGE LEVEL  |  |   |                          |   |                             |
| X COLLEGE (No degree)      COLLEGE (With degree)      POST-GRADUATE   |  |   |                          |   |                             |
| LANGUAGES      SPEAK      READ      WRITE      UNDERSTAND   |  |   |                          |   |                             |
| French      X      X      X      Paris, France  |  |   |                          |   |                             |
| 61. AREA KNOWLEDGE  |  |   |                          |   |                             |
| France, China, Indochina, Germany, Iran   |  |   |                          |   |                             |
| SECTION XV  |  |   |                          | EMPLOYMENT PRIOR TO CIA                 |                             |
| 62. SINCE INCLUSIVE DATE POSITION TITLE OR TYPE, BORN, SALARY AND REASON FOR LEAVING  |  |   |                          |   |                             |
| 22 Sept. 1941 - 1 Oct. 1961 - US Army Pvt. - Lt. Col.   |  |   |                          |   |                             |
| SECTION XVI ADDITIONAL INFORMATION  |  |   |                          |   |                             |
| 63. ADDITIONAL OR UNUSUAL REQUIREMENTS, SPECIFICATIONS OR EXPRESSIONS OF IDEA NEEDED BY PERSONNEL   |  |   |                          |   |                             |
| 64. SIGNATURES<br>Ernest P. Fox      Charles J. Fox   |  |   |                          |   |                             |

## TRAINING EVALUATION REPORT 1435

| NAME   | Logue, Lucille E.                   | DATE                          | 16 October 83 |
|--|-------------------------------------|-------------------------------|---------------|
| PROJECTED POSITION   | (less than one year away) Personnel |                               |               |
| FROM:  | D.O. Major USA. SE Fort Meade.      |                               |               |
| TO:  | T.O. Major USA. SE Washington       |                               |               |
| COURSE   | EVAL.                               | REMARKS                       |               |
| BIC (CS)   | <input checked="" type="checkbox"/> | also BIC, BITC, SOC, BTP, DOC |               |
| BTP I  | <input checked="" type="checkbox"/> | also BTP                      |               |
| BTP III  | <input checked="" type="checkbox"/> | also AIC, ATFC, AOC, CAD      |               |
| BTP IV   |                                     |                               |               |
| RO   |                                     | also PM I, II, III; RAFF      |               |
| ITC  |                                     | also CI Tech                  |               |
| Admin  |                                     |                               |               |
| BIC  | <input checked="" type="checkbox"/> |                               |               |
| SUP  |                                     |                               |               |
| CFA  |                                     |                               |               |
| Rpts   |                                     |                               |               |
| OB   |                                     |                               |               |
| OSC(CE)  |                                     |                               |               |
| E&E  |                                     |                               |               |
| CPW  |                                     |                               |               |
| CPA  |                                     |                               |               |
| CPO  |                                     |                               |               |
| STB  |                                     |                               |               |
| CEW  |                                     |                               |               |
| IT   |                                     |                               |               |
| GW   |                                     |                               |               |
| SAB  |                                     |                               |               |
| AO   |                                     |                               |               |
| MO   |                                     |                               |               |
| SUR  |                                     |                               |               |
| BFOT   |                                     |                               |               |
| DOC  |                                     |                               |               |
| LOCKS  |                                     |                               |               |
| S/W  |                                     |                               |               |
| FAS  |                                     |                               |               |
| SAF  |                                     |                               |               |
| <input type="checkbox"/> d. Subject's division advised of these recommendations.<br>(Agree-Disagree) |                                     |                               |               |

FORM NO. 89-77  
APR 1983

SECRET

1435

12 Nov 1983

MEMORANDUM FOR: Personnel Officer, ~~Administrative Training Officer~~  
 FROM : FI Career Management Officer  
 SUBJECT : Personnel Action On COLIN LUCILLE

1. The FI Career Service Board has (approved - disapproved) the personnel action of (promotion - reassignment - ) of subject. The FI Training Officer has recommended that subject be scheduled for additional training in order to satisfy the requirements of the proposed personnel action. The following training program has been recommended.

2. Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the FI Training Officer.

Phase III

Liaison Ensign Coasta 36 11 May 1954  
Saigon Education  
ENTRAL Area C/S.  
Officer AB Sub in military  
(includes)  
Major University 2D-45  
stage "A" (equivalent to Phase y2) DPP-L-2 31.1.54  
CAI  
British Airborne School Nov 1943 - Mar 1944, TPA (Fort Bragg NC) Sept  
1944 - 1954, University of Maryland (European Branch) Apr  
Speech, Read Write Excellent

1935 - 1940 Printing - Production and Typesetter - F. B. I. Insaley Employer  
1940 U.S. Army Captain, Infantry, Defense Intelligence

4-1 43 to Nov 43  
 Nov 43 to 15 Dec 43  
 Dec 43 to 19 Dec 43  
 Dec 43 to 19 Jan 44  
 Jan 44 to 1 Feb 44  
 Feb 44 to 26 Aug 44  
 Aug 44 to Oct 44  
 Oct 44 to present

C-4 Finance Sector Ops Co. Det Lt. Overseas  
 548 JEWISH (Special Mission to France) 1st Lt. Overseas  
 One Special Mission France-Morocco Captain Overseas  
**C-5** Kubitz to Germany, 2d Lieutenant Major Overseas  
**CIA** Chief of Germany Operations 2nd Lieutenant Overseas  
 Operations Office Burnberg Ops Base Major Overseas  
 Intel Officer - #1 88/1 Altkirch Dr. Oberstaufen, B.A.

**PLATE 3 APPENDIX**

EVAN J. PARSONS JR.  
EDWARD BROWN

**SECRET**

| CUMULATIVE TRAINING RECORD   |  |            |   |                        | PROJECTED PERSONNEL ACTION |   |  |
|--|--|------------|---|------------------------|----------------------------|---|--|
| NAME   |  |            | PROMOTION<br>ROTATION                       | XX REASSIGNMENT        | TRAVEL                     | OTHER (Explos)  |  |
| Lucien E. Conein   |  |            | TO: Area Ops Off. Maj. USA/FE/<br>Indochina |                        |                            |   |  |
| FROM: I.O. Maj. USA SZ/Wash.   |  |            | AOS   |                        |                            |   |  |
| X  | COURSE   | DATE TAKEN | X   | OTHER TRAINING COURSES | DATE TAKEN                 | REMARKS:  |  |
|  | BIC(CS), ALSO                                    |            |   |                        |                            | 1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND <input type="checkbox"/> EXPERIENCE TRAINING. |  |
|  | BIC, BITE, SOC.                                  |            |   |                        |                            | 2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.   |  |
|  | BTP AND BPS                                      |            |   |                        |                            |   |  |
|  | BTP II, ALSO <input checked="" type="checkbox"/> | 51         |   |                        |                            |   |  |
|  | BTP III, ALSO                                    |            |   |                        |                            |   |  |
|  | AIC, AITC, AOC                                   |            |   |                        |                            |   |  |
|  | AND <input checked="" type="checkbox"/>          |            |   |                        |                            |   |  |
|  | PO, ALSO PW I.                                   |            |   |                        |                            |   |  |
|  | II, III AND RAPT                                 |            |   |                        |                            |   |  |
|  | ITC ALSO CS                                      |            |   |                        |                            |   |  |
|  | TECH   |            |   |                        |                            |   |  |
|  | ADMIN  |            |   |                        |                            |   |  |
|  | SIG  | 51         |   |                        |                            |   |  |
|  | SUP  |            |   |                        |                            |   |  |
|  | SEA  |            |   |                        |                            |   |  |
|  | APIS   |            |   |                        |                            |   |  |
|  | OB   |            |   |                        |                            |   |  |
|  | OOC (ESI)  |            |   |                        |                            |   |  |
|  | E.A.R  |            |   |                        |                            |   |  |
|  | CPO  |            |   |                        |                            |   |  |
|  | WP SOC   |            |   |                        |                            |   |  |
|  | CPO  |            |   |                        |                            |   |  |
|  | STA  |            |   |                        |                            |   |  |
|  | CIV  |            |   |                        |                            |   |  |
|  | IT   |            |   |                        |                            |   |  |
|  | ITV  |            |   |                        |                            |   |  |
|  | ADP  |            |   |                        |                            |   |  |
|  | AU   |            |   |                        |                            |   |  |
|  | PPS  |            |   |                        |                            |   |  |
|  | DSN  |            |   |                        |                            |   |  |
|  | BBST   |            |   |                        |                            |   |  |
|  | BBK  |            |   |                        |                            |   |  |
|  | LOCAB  |            |   |                        |                            |   |  |
|  | 3/6  |            |   |                        |                            |   |  |
|  | 3/9  |            |   |                        |                            |   |  |
|  | 3/11   |            |   |                        |                            |   |  |
| TO: Personnel Officer,   |  |            | FROM: Career Management Officer             |                        |                            |   |  |
| <p><i>JAMES P. KENNEDY</i><br/>The above projected personnel action has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.</p> |  |            |   |                        |                            |   |  |
| <p>Please coordinate these actions as soon as possible through your Division Training Officer and will coordinate with the Senior Staff Training Officer.</p>  |  |            |   |                        |                            |   |  |
| <p><i>SECRETARY OF CARRIER MANAGEMENT OFFICE</i></p>   |  |            |   |                        |                            |   |  |
| <p>REPORT</p>  |  |            |   |                        |                            |   |  |

To: Personnel Officer,

FROM: Career Management Officer

**LEO BURKE** **JAMES P. MURPHY**  
The above proposed personnel action has been  approved  disapproved by the Career  
Service Board. Additional training as indicated above has been recommended by the  
Training Officer to satisfy requirements of the proposed personnel action.

Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.

卷之三十一

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2000 00 2000 00 2000 00 2000 00 2000 00

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## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

|  |                                  |   |                                   |
|--|----------------------------------|---|-----------------------------------|
| NAME OF EMPLOYEE (use pseudo only if SAI)<br>Conein, Lucien E. | DATE (from item 5-D)<br>6 Jan 67 | NAME OF SUPERVISOR (true)<br>Robert E. Porter | DATE (from item 5-E)<br>21 Jan 67 |
| DATE RECEIVED AT HEADQUARTERS:<br>8 February 1967              | DISPATCH NUMBER:<br>FVST-14709   | DATE RECEIVED BY CAREER SERVICES:             |                                   |

## TO BE COMPLETED BY EMPLOYEE

|  |  |  |   |                            |
|--|--|--|---|----------------------------|
| 1. DATE OF BIRTH<br>29 Nov 19                    | 2. SERVICE DESIGN<br>C/A                     | 3. YOUR CURRENT POSITION, TITLE<br>ROIC, Bien Hoa<br>GS-14 | 4. STATION OR BASE<br>Vietnam                                 | 5. CRYPT FOR CURRENT COVER |
| 6A. DATE OF PCS ARRIVAL IN FIELD<br>29 Sept 1965 | 6B. REQUESTED DATE OF DEPARTURE<br>July 1968 | 6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ<br>15 Aug 1968   | 6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE<br>1 Sept 1968 |                            |

## 7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Mother - 76 Sons - 8 and 9  
 Wife - 38 Daughter - 5

## 8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Desire serve in a Post with family.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).  
(also attach personal cover questionnaire in accordance with TST-F 240-8)

Special assignment to Lansdale group, U.S. Embassy, Vietnam. COD Provincial Officer, Bien Hoa. Advised, financed, supplied Revolutionary Development Cadres, Census Grievance, and Provincial Reconnaissance Units. ROIC, Bien Hoa Region, consisting of eleven Provinces. Supervise 27 U.S. personnel assigned to OB and COD duties in the Provinces. Admin supervision of finance, supplies, and commo. Supervise the intel collection activities of all programs in the Region. Reporting significant information to the appropriate Divisions of the Vietnam Station. Maintaining liaison with key U.S. and Vietnamese officials in the Region.

10. TRAINING DESIRED:  
INDICATE ONLY TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Language training - desire short course in the local language of next assignment.

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11. PREFERENCE FOR NEXT ASSIGNMENT:  
11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Desire assignment commensurate with past training and experience.

- 11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.
- EXTEND TOUR 16 months MONTHS AT CURRENT STATION TO July 1968 (DATE)
- BE ASSIGNED TO HQDTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- BE ASSIGNED TO ANOTHER STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE North Africa 2ND CHOICE South America 3RD CHOICE Europe
- RETURN TO MY CURRENT STATION

## TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Strongly concur in this officer's request for extension.

COS personally suggested such action to him.

## TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

PZ Division concurs in Mr. Conein's 16-month extension to July 1968.  
PZ is notifying Subject by dispatch, subject to SD concurrence.

DATE 16 Feb 67 TITLE GFE/PERSONNEL SIGNATURE Mary T. Boulger

FOR USE BY CAREER SERVICE

14. APPROVED ACT/COMINT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. DATE

CABLE NO. DATE

CAREER SERVICE REPRESENTATIVE 11-00000000

DATE 11-00000000

SECRET

14-00000  
SECRET

**FIELD REASSESSMENT QUESTIONNAIRE TRANSMITTAL**

**INSTRUCTIONS**

- A. This questionnaire is designed to provide information for consideration by headquarters in planning your next assignment.
- B. Unit supervisors in the field will ensure that this questionnaire is completed for each employee under his immediate supervision and forwarded to headquarters eight (8) months prior to the individual's planned date of departure from the station.
- C. The questionnaire will be completed and forwarded through normal channels to headquarters. In telegrams.
- D. The questionnaires of Staff Agents should include classification of cover factors where appropriate.

**SPECIAL NOTE**

This form must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information or methods of operations, it is normally expected that a complete and realistic statement of major duties may be reported in Item No. 8. However, the nature, purpose or disposition of information or operations will not be included. On the other hand, the description of the main duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases a general statement of duties will be indicated in Item No. 8, or so to show the level of responsibility involved and enable Headquarters to understand the nature of your position. No names, operational techniques, objectives or purposes of the operation should be included.

|  |   |
|--|---|
| 8.1 Name of supervisor (in residence, if any) <i>J. M. Hatigan</i>   | Signature of supervisor (in residence, if any) <i>John M. Hatigan</i> |
| 8.2 Name of supervisor (in residence, if any) <i>John M. Hatigan</i> | Signature of supervisor (in residence, if any) <i>John M. Hatigan</i> |
| 8.3 Name of supervisor (in residence, if any) <i>John M. Hatigan</i> | Signature of supervisor (in residence, if any) <i>John M. Hatigan</i> |
| Date: 21 January 1967  |   |

DD FORM 202 1/1/67 EDITION 1

SECRET

b 100

**DISPATCH**CLASSIFICATION  
**SECRET**

PROCESSING ACTION

MARKED FOR INDEXING

X NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN ADOGE INDEXING

MICROFILM

Chief, Far East Division  
 ATTN: PARDEE  
 FROM Chief of Station, Vietnam  
 SUBJECT Commendation of Arthur R. SCHWICKRATH  
 ACTION REQUIRED: RUEUNLNUUS

1. Forwarded under separate cover is a commendation from General Langdale for SCHWICKRATH.

2. I thought you would be interested in seeing it since it is a good indicator of how much of the General's reporting can be believed. Notice particularly the paragraph on page 2 concerning SCHWICKRATH's "services to my staff...in an applied field of philology, particularly in Vietnamese oral linguistics and the working of official documents..." When this paragraph was shown to SCHWICKRATH, he gave vent to some very soldierly language, pointing out that he doesn't speak a word of Vietnamese nor can he read it.

*Edward D. SABETAY*  
 Edward D. SABETAY

Attachment:  
 Commendation u.s.c.

Distribution:  
 3 - C/FE w/att u.s.c.

CLASSIFICATION

DISPATCH SYMBOL AND NUMBER: 13120

DATE

FVST-

CLASSIFICATION

ROUTE NUMBER

**SECRET**

**DISPATCH**

## CLASSIFICATION

~~CONFIDENTIAL~~

## PROCESSING ACTION

MARKED FOR REFERENCE

NO MAILING REQUIRED

ONLY QUALIFIED RECD

CAN ALSO RECEIVE

ROUTINE

TO: Chief of Station, Saigon

INFO:

FROM: Far East Division

SUBJECT: Approval of Home Leave and New Tour - Arthur R. SCHWARTZ

ACTION REQUESTED/REFERENCE

FMF 602, 20 August 1961

1. Headquarters is pleased to advise SCHWARTZ has been approved for home leave and return to Saigon for a second tour.

2. For your information, SCHWARTZ's contract, effective 12 November 1961, is written for an indefinite period, and will continue in effect, as amended, until such time as it is terminated in accordance with the provisions contained therein.

JOSEPH C. SCHWARTZ

Distribution:  
CAG, S 1 - Administration

Reports Saig 3 Jun - Return 3 + 15 H/H  
for 4 months (3 days).

15 Jun Work DC for 10 days T/DY  
w/o Dependents  
Returns via Escape.

CODES PERTAIN TO THIS

DISPATCH BY NAME AND NUMBER

DATE

FMF 202

CLASSIFICATION

~~CONFIDENTIAL~~

22 September 1961

| CONFIDENTIAL   |  |  | TRAVEL ORDER NO.   |             |  |
|--|--|--|--|-------------|--|
| TRAVEL ORDER   |  |  | 24 August 1967   |             |  |
| Mr. Lucien E. Condin DDC Agent   |  |  | X  | 750538      | Amend # 1 to<br>FD 366-64                |
| Vietnam  |  |  | LS-14  | 01 Aug 1967 | TRAVEL PERIOD<br>Contract                |
| YOU ARE AUTHORIZED TO TRAVEL AND INcur NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS THIS TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE. |  |  | 5150   | 31 Oct 1967 | REGULAR, MOD, ACCOMMODATION AND PERSONAL |
| Amendment # 1 to change ITINERARY to read: Saigon, Vietnam to Hong Kong, I.C.C. (5 days TTY without per diem) to Washington, D.C. (10 days TTY for consultations) to Kansas City (I.T.L.) to Washington, D.C. PCS.         |  |  |  |             |  |
| All other provisions of original Travel Order to remain in effect.   |  |  |  |             |  |
| ACCOMPANY TRAVELER<br>FOLLOW WITHIN 6 MONTHS<br>FARE AND RETURN  |  |  | AUTOMOBILE ALLOWANCE<br>LEADS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER<br>CARS PER MILE, AS MORE ADVANTAGEOUS TO THE GOVERNMENT BECAUSE OF |             |  |
| DISPOSITION OF EFFECTS<br>ACCOMPLISHED   |  |  | ADVANCE OF FUNDS AUTHORIZED<br>YES      ACCOUNTING BY PAY<br>NO  |             |  |
| SHIPMENT<br>SHIPMENT FOR AUTHORIZED<br>EXCESS BAGGAGE AUTHORIZED<br>PORTIONS POUNDS AND MODE<br>ACCOMPANIED  |  |  | CERTIFY FUNDS ARE AVAILABLE<br>ESTIMATED COST OF TRAVEL<br>CIVILIAN OR REFERENCE NO.<br>ORIGINATOR IDENTIFICATION CODE<br>NAME                   |             |  |
| DOMESTIC INDICATE UNDER<br>"SPECIAL PROVISIONS"<br>WHETHER ACCOMPANIED, OR NOT,<br>SIZE OF EACH PIECE, AND TOTAL<br>WEIGHT.  |  |  | DATE 8137-1487 SIGNATURE   |             |  |
| COORDINATION<br>SIGNATURE  |  |  | REQUEST FOR OFFICIAL<br>TYPE NAME AND TITLE<br>DOUGLAS S. BLAUFARRE  |             |  |
| TITLE & COMPONENT  |  |  | COMPONENT<br>G/VNO   |             |  |
| DATE   |  |  | AUTHORIZING OFFICIAL<br>TYPE NAME AND TITLE<br>WILLIAM E. COLBY  |             |  |
|  |  |  | COMPONENT<br>GPE   |             |  |
| FORM 540<br>1964<br>GPO 1964<br>EDITION  |  |  | 100-601  |             |  |

CONFIDENTIAL

| TRAVEL ORDER  |   | X  | TO<br>FROM<br>INTERNATIONAL | DEPARTURE DATE   | ARRIVAL DATE |
|---|---|--|-----------------------------|--|--------------|
| NAME<br><b>Lucien E. Conoin</b><br>OFFICIAL STATION<br><b>Vietnam</b>   |   | Cochlear Agent   | DSR                         | JULY 1967  |              |
|   |   | REFUGEE PHONE  | 5459                        | GS-14  |              |
| <small>YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS. THIS TRAVEL, OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND MUST PASS YOUR TERMINAL CLEVERNER.</small> |   |  |                             |  |              |
| ITINERARY, MODE OF TRAVEL AND PURPOSE   |   |  |                             |  |              |
| <b>Authorized:</b> Saigon - Hong Kong (5 days TDY-no per diem) -<br>Washington, D.C. (PCS)<br><b>Mode :</b> Air<br><b>Purpose :</b> PCS<br>Subject will proceed directly, without delays from Hong Kong to Washington, D.C.                 |   |  |                             |  |              |
| <small>TRAVEL DURATION</small><br>FROM 8/3 AND TO 8/8<br><b>1 Aug 67 - 1 Oct 67</b><br><small>DEAL ALLOWANCE</small><br><b>\$ 16.00</b><br><small>PER DIEM</small><br><b>X</b>  | <small>AUTOMOBILE ALLOWANCE</small><br><small>NOT PERMITTED. NO AUTOMOBILE ALLOWANCE PROVIDED.</small><br><small>NOT PERMITTED. NO AUTOMOBILE ALLOWANCE PROVIDED.</small> |  |                             |  |              |
| ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS  |   |  |                             |  |              |
| <b>Shipment of effects authorized from Saigon and Hong Kong.</b>  |   |  |                             |  |              |
| <small>DEPENDENT TRAVEL AUTHORIZED</small><br>NAME DATE OF BIRTH DEPENDENT<br><b>Elverto B. 8/20 X</b><br><b>Philip J. 10/60 Son</b><br><b>Laurent P. 10/63 Son</b><br><b>Caroline R. 10/63 Daughter X</b>                                  |   | <small>ESTIMATED TRAVEL EXPENSE</small><br><b>\$2,500 - Tvl.<br/>3,664 - HKH</b> |                             |  |              |
| <small>DEPENDENT TRAVEL AUTHORIZED</small><br><b>X</b><br><b>Fp Hong Kong</b><br><small>EXTRA ALLOWANCE</small><br><b>X</b>   |   | <small>ESTIMATED TRAVEL EXPENSE</small><br><b>Per Regs. Per Regs.</b>            |                             | <small>ESTIMATED TRAVEL EXPENSE</small><br><b>12/1-1/1</b> |              |
| <small>COORDINATION</small><br>SIGNATURE DATE<br><b>PP LOC</b>  |   |  |                             |  |              |
| <small>COORDINATION</small><br>SIGNATURE DATE<br><b>Sgt. Robert A. Johnson 10/1970 310000</b>   |   |  |                             |  |              |
| <small>COORDINATION</small><br>SIGNATURE DATE<br><b>Steve Johnson 10/1970 310000</b>  |   |  |                             |  |              |

CONFIDENTIAL

14-00000

|  |                                     |   |
|--|-------------------------------------|---|
| AMEMBASSY                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   |
| CLASSIFIED BY                          | FILE NO.                            |   |
| DATE                                   | EXPIRY DATE                         |   |
| TO BRANCH                              | <input type="checkbox"/>            |   |
| ROUTINE                                | <input type="checkbox"/>            |   |
| SIGN                                   | <input type="checkbox"/>            |   |
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| REPRODUCTION PROHIBITED                |                                     |   |
| PERSON/UNIT NOTIFIED<br><i>12 Cops</i> |                                     |   |
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|  | <input type="checkbox"/>            | ISSUED <input type="checkbox"/> SERIALIZED <input type="checkbox"/> INDEXED |
| INFO                                   | <input checked="" type="checkbox"/> | UNIT TIME BY  |
| FILE # 201-3-5111 28-2                 |                                     |   |

SECRET 070900Z CITE HONG KONG 9287

DIRECTOR:

MR. LOUIS CONEIN WILL DEPART HONG KONG ON 7 AUGUST 1967 VIA  
PAN AM FLIGHT #2 AT 1730, ARRIVING HEADQUARTERS 8 AUGUST 1967

AT 0830Z

SECRET

BT

SECRET

WB 7 AUG 1967 MSG  
301

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SECRET 270916Z CITE SAIGON 9831

PRIORITY HONG KONG INFO DIRECTOR

MR. LUCIEN CONEIN DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS

AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO

HQS.

SECRET

BT

SECRET

27 JULY 1989

RECEIVED  
27 JULY 1989

NASN

Keep details of his  
travel in confidence

Con doan can man han  
gi bat xay duoc minh

Trung

Do

**SECRET**

15 NOV 1961

MEMORANDUM FOR: Chairman, CSCB  
ATTENTION: Agent Panel  
SUBJECT: Appointment of Career Agent  
Arthur R. SCHWICKRATH

1. It is requested that Arthur R. SCHWICKRATH be approved for contract as Career Agent in furtherance of the long term objective of Project ZEPPELIN, this objective being to provide the clandestine Services with an improved standby paramilitary manpower capability to assist the Operating Divisions in emergency situations.
2. Mr. SCHWICKRATH has, over a long period of time, well demonstrated his operational value to this Agency, and thus is more than amply qualified under the terms of R 20-1000 which defines this category of personnel.

E F T  
Alfred F. Fox  
Chief  
Paramilitary Group, CA

Attachment:  
PHS

CA/PWG/EFFox:rah  
15 November 1961

Distribution:

Orig. & 1 - Addressee  
1 - CA/SG/PERS  
1 - CA/C/PWG  
2 - CA/RMG  
1 - Chrono

SECRET

MEMORANDUM FOR: Clandestine Services Personnel Division

ATTENTION : Agent Panel

SUBJECT : Deletion of Arthur R. SCHWICKRATH from  
Project IUJEWEL roster.

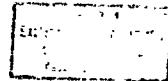
1. Arthur R. SCHWICKRATH has been employed as a Career Agent in Project IUJEWEL since 16 October 1981. During that period he was assigned to the Saigon Station as a Staff Advisor on Paramilitary matters to the Chief of Station.

2. When at the termination of that assignment, SCHWICKRATH returned to Headquarters, it was assumed by SOD that he would return to SOD and be again covered by Project IUJEWEL. However, I now understand that SCHWICKRATH is being processed for an assignment in WH Division and is, in fact, engaged in language training for that assignment.

3. In view of the foregoing, it is requested that the name of Arthur R. SCHWICKRATH be removed from the Project IUJEWEL personnel assets.

L. A. Walsh, Jr.  
Major General, USA  
Chief, Special Operations Division

SECRET



SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

|  |                      |                           |                                      |
|--|----------------------|---------------------------|--------------------------------------|
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:   |                      |                           |                                      |
| NAME OF EMPLOYEE (FFW#) DO NOT COMPLETE  | DATE (from Item 5-2) | NAME OF SUPERVISOR (true) | DATE (from Item 5-2) DO NOT COMPLETE |
| <b>Lucien C. Conoin</b>  | <b>June 1963</b>     | <b>John H. Richardson</b> | <b>June 1963</b>                     |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: |                      |                           |                                      |
| <b>Darold D. Aldridge</b>  |                      |                           | DATE                                 |

## TO BE COMPLETED BY EMPLOYEE

|   |              |  |   |
|---|--------------|--|---|
| 1. DATE OF BIRTH  | 2. GRADE     | 3. CURRENT POSITION TITLE AND GRADE              | 7a. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR |
| <b>29 Nov 19</b>  | <b>GS-13</b> | <b>C/PM GS-13</b>                                | <b>3 January 1963</b>                         |
| 4. SERVICE DESIGNATION (if known)   |              | 5. CURRENT STATION OR FIELD BASE                 | 7b. EXPECTED DATE OF DEPARTURE FROM FIELD     |
|   |              | <b>Saigon, Vietnam</b>                           | <b>3 January 1964</b>                         |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR   |              | 7c. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS |   |
| <b>None</b>   |              | <b>30 January 1964</b>                           |   |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on transmittal form): |              |  |   |

**Staff advisor in paramilitary matters to the Chief of Station. Station liaison officer to GVN Ministry of Interior, Hqs US Special Forces and Army of Vietnam Corps Commanders.**

## 9. PREFERENCE FOR NEXT ASSIGNMENT:

- A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Would prefer to have an operational assignment.

## 8. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

## SECRET

|   |  |  |
|---|--|--|
| 9. PREFERENCE FOR NEXT ASSIGNMENT (continued)   |  |  |
| C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (FOR 1st, 2nd and 3rd choice) IN THE BOXES BELOW:   |  |  |
| <input type="checkbox"/> RETURN TO MY CURRENT STATION<br><input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:<br>1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____<br><input type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS.<br>1ST. CHOICE <b>ME</b> 2ND. CHOICE <b>N. AFRICA</b> 3RD. CHOICE <b>WH</b> |  |  |
| 10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?<br>INDICATE NUMBER OF WORK DAYS <b>30</b>   |  |  |
| 11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:<br><b>Wife - 34</b><br><b>Son - 5</b><br><b>Son - 3½</b>   |  |  |
| 12A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT<br><b>Child due 1 July</b>   |  |  |
| 12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.<br>TO BE COMPLETED BY SUPERVISOR AT FIELD STATION  |  |  |
| 13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:<br><br><b>I strongly endorse Subject's request for return on another tour to the Saigon Station. His rich experience in the paramilitary field, detailed knowledge of Indo-China and the leading personalities in the area, and his fluent French make him an invaluable asset of the Station.</b>  |  |  |
| 14. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.<br>TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS  |  |  |
| 15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPAGNIE TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING   |  |  |
| 16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER   |  | SIGNATURE  |
| DATE  |  |  |
| FOR USE OF CAREER SERVICE   |  |  |
| 17. EMPLOYEE <input checked="" type="checkbox"/> HAS <input type="checkbox"/> NOT BEEN NOTIFIED OF PLANNED<br><b>REASSIGNMENT H/C &amp; NEW TOLL</b>  |  | 18. REFERENCE<br>DISPATCH NO. <b>F155 364</b> CABLE NO. <b>1</b> |
| 19. TYPED OR PRINTED NAME<br><b>General J. M. Clegg</b>   |  | 20. SIGNATURE  |
| 21. TITLE<br><b>FA/POL/3</b>  |  | 22. DATE   |
| 23. COMMENTS<br><b>CAC Approved by William E Coffey 12 Sept 1963<br/>Concurred by H. Supreme SOD pds 11 Sept 1963</b>   |  |  |

SECRET

UNCLASSIFIED INTERNAL  
USE ONLY CONFIDENTIAL SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FITNESS REPORT- LUCIEN E. CONEIN- CAREER AGENT- ZRJEWEL

| FROM:  | EXTENSION | NO.      |           |                    |  |
|--|-----------|----------|-----------|--------------------|--|
|  |           |          | DATE      |                    |  |
| SOD/Plans/EFFox                                      |           | RECEIVED | FORWARDED | OFFICER'S INITIALS |  |
| TO: (Officer designation, room number, and building) |           |          |           |                    | COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)  |
| 1. SOD/Pers.   | 1/1/62    | 5/1/62   |           | hi                 | 1-2: Fitness Report and E. Fox comments forwarded FYI. FE Division advises that they will take no action re a promotion unless the field comes in with a specific recommendation by dispatch.  |
| 2. D/C SOD Mr. Jorgenson                             |           | 20 Nov   |           | gof                | 3. Mr. Rot<br>Concur with promotion<br>to GS 14, also with<br>recommendation that FE<br>leave w/o promotion<br>alone. Please ask<br>Mr. Newman to check out<br>the best way to write<br>MVD & give me revised<br>format consulting<br>R/S<br>as per C3 |
| 3.   |           |          |           |                    |  |
| 4.   |           |          |           |                    |  |
| 5.   |           |          |           |                    |  |
| 6.   |           |          |           |                    |  |
| 7.   |           |          |           |                    |  |
| 8.   |           |          |           |                    |  |
| 9.   |           |          |           |                    |  |
| 10.  |           |          |           |                    |  |
| 11.  |           |          |           |                    |  |
| 12.  |           |          |           |                    |  |
| 13.  |           |          |           |                    |  |
| 14.  |           |          |           |                    |  |
| 15.  |           |          |           |                    |  |

**SECRET**

19 March 1963

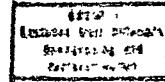
MEMORANDUM FOR: SOD/Personnel Schwickerath  
SUBJECT: Promotion - [REDACTED]  
REFERENCE: Fitness Report dated 25 Feb. 1963

1. In view of present and past Fitness Reports, and by comparison with other ZRJEWEL personnel, I believe that the promotion of [REDACTED] to GS-14 equivalent is justified, and that it would be in order to convey this view to FE/Personnel. Technically, however, the administration of (and decision to promote) [REDACTED] is a responsibility of FE Division until [REDACTED] reverts to SOD under ZRJEWEL.
2. I would strongly recommend against any move to request Army to advance [REDACTED]'s retired status from Lt. Col. to Col.; although, for operational purposes while he is at Saigon it might be possible to give him notional or "assimilated" rank.

E. F. Fox

E. F. FOX  
SOD/Plans

**SECRET**



18 March 1963

Jchwicks

1. FE/Pers will not honor promotion recommendation to GG-1, equiv. until field sends in a specific recommendation. This is the way FE Operates. FE Division feels [redacted] is their employee until his tour in Saigon is completed. If SOD wants to take action re the fitness report recommendation, Mr. Jorgenson should discuss this with Paul Breitwiser.
2. FE/Pers advised the field by [redacted] "Personal note" from Mary Boulger that promotion [redacted] from Lt. Col. to Col. is not possible. SOD/Pers advised by FE/Pers that Department of Defense turned down active duty status [redacted] for cover purposes because in addition to being a retired reservist, [redacted] departed for the field under Department of Army Civilian cover and was assigned to Saigon in that capacity. After his arrival it was determined [redacted] in the field that he would represent himself as military. This was never sanctioned by headquarters.

MEMORANDUM FOR: Chief, PE/VCL

SUBJECT : Recommendation for Promotion of ██████████ to GS-14 Equivalent

REFERENCE : Fitness Report for Subject dated 23 February 1963

*denickrally*

1. In reference Fitness Report, the Deputy Chief of Station and the Chief of Station, Saigon, recommend the promotion of ██████████ to the next higher GS equivalence. I concur in this recommendation.

2. As you are aware, ██████████ is a member of Special Operations Division Project ZLJEWKL. In comparison with other employees of ZLJEWKL, taking into consideration the assigned duties and manner of performance, I feel that ██████████'s promotion is appropriate, and concur in the recommendation of the Station.

3. It is requested that a contract amendment be initiated by PE Division to increase ██████████'s compensation from GS-13 (\$) equivalent, \$12,245, to GS-14 (\$) equivalent, \$14,427.

13, 11

(S-14) 6011

CARDOZ L. JORDANES  
Acting Chief  
Special Operations Division

Attn:

Reference Fitness Report

SOD/PENS/ULJ/RDI:nkh

Distribution:

Orig & 1 - Add/v/att.  
1 - AC/SOD/w/c/att.  
1 - SOD/Perf/w/c/att.  
1 - RI/SOD/w/o/att. - dummy

TT/8-564/DIR/ 6 \*ATCH FOLLOWS  
VIA TELETAPE

| DISPATCH  | CLASSIFICATION<br>S E C R E T   | PROCESSING  |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
|---|---|---|--------|--------------|---------------------|---------------------------|-----------------------------|--|-----------|--|-------------------|--|----------------|--|--------|--|
|   |   | PROPOSED  | ACTION | ACCOMPLISHED |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| TO<br>CHIEF, FAR EAST DIVISION  |   | MAYBE FOR INDEXING  |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| INFO  |   | NO INDEXING REQUIRED                                      |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| FROM<br>CHIEF OF STATION, SAIGON  |   | ONLY QUALIFIED<br>HEADQUARTERS DESK<br>CAN INDEX INDEXING |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| SUBJECT<br>ZRJEWEL - FITNESS REPORT ON ARTHUR R. SCHWICKRATH  |   | ABSTRACT  |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| ACTION REQUIRED REFERENCES<br>FVSS-2216   |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| <p>1. A FORMAL FITNESS REPORT ON ARTHUR R. SCHWICKRATH WILL BE DISPATCHED SHORTLY. AD INTERIM, THOSE QUESTIONS RAISED IN REFERENCE ARE ANSWERED BELOW.</p> <p>2. ARTHUR R. SCHWICKRATH, ZRJEWEL CAREER AGENT, IS ASSIGNED AS CHIEF OF THE PARAMILITARY STAFF REPORTING DIRECTLY TO THE CHIEF OF STATION. AS SUCH, HIS DUTIES ENCOMPASS PLANNING, OPERATIONAL COORDINATION, FIELD INSPECTION, AND LIAISON WITH VERY SENIOR GOVERNMENT OF VIETNAM OFFICIALS IN THE INITIATION AND IMPLEMENTATION OF PARAMILITARY OPERATIONS. IN ADDITION, SCHWICKRATH IS THE PRIMARY STATION CONTACT WITH THE MINISTER OF INTERIOR, WHO IS A PROLIFIC SOURCE OF INTELLIGENCE AND A MAJOR ELEMENT IN THE STATION'S POLITICAL ACTION PROGRAM. SCHWICKRATH ALSO REPRESENTS THE STATION ON THE ODOKE COMMITTEE FOR PROVINCE REHABILITATION /THE SO-CALLED TRUE-HEART COMMITTEE/.</p> <p>3. SCHWICKRATH IS NOT DIRECTLY ENGAGED IN AGENT OPERATIONS, BUT AS THE STATION SENIOR PARAMILITARY STAFF OFFICER, HE INDIRECTLY SUPERVISES A NUMBER OF SUCH OPERATIONS (E.G., STGALLY), AND HIS ADVICE IS OFTEN SOUGHT ON MANY OTHER STATION AGENT OPERATIONS. BECAUSE OF HIS LONG SERVICE IN VIETNAM AND HIS INTIMATE FAMILIARITY WITH MANY KEY MILITARY AND POLITICAL FIGURES IN VIETNAM.</p> <p>4. SCHWICKRATH'S DUTIES MAY BE CONSIDERED AS HAZARDOUS WITHIN THE NORMAL MEANING OF THE TERM AS UTILIZED BY KUBARK. SC SCHWICKRATH IS FREQUENTLY INVOLVED IN OVERFLIGHTS ON FIXED AND ROTARY WINGED AIRCRAFT OF AREAS KNOWN TO BE CONTROLLED BY THE VIET CONG. HE HAS, IN ADDITION, PARTICIPATED IN INITIAL PHASES OF CONVENTIONAL AND UNCONVENTIONAL MILITARY OPERATIONS AND IS A FREQUENT VISITOR TO STATION FIELD INSTALLATIONS IN AREAS WHICH ARE OFTEN UNDER ARMED ATTACK OF VARYING INTENSITY BY VIET CONG FORCES.</p> |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| DISTRIBUTION<br>BY TELETAPE<br>2-CFE<br>BY PCUCH<br>1-CFE   | <p>/CONTINUED/</p> <table border="1"><tr><td>TOT/ 20 /AUG 82/000</td><td>DATE TIME 10R-10 205 1445</td></tr><tr><td colspan="2">MESSAGE NUMBER AND PRIORITY</td></tr><tr><td colspan="2">FVST-3/LA</td></tr><tr><td colspan="2">HEAVY WEIGHT MAIL</td></tr><tr><td colspan="2">CLASSIFICATION</td></tr><tr><td colspan="2">SECRET</td></tr></table> |   |        |              | TOT/ 20 /AUG 82/000 | DATE TIME 10R-10 205 1445 | MESSAGE NUMBER AND PRIORITY |  | FVST-3/LA |  | HEAVY WEIGHT MAIL |  | CLASSIFICATION |  | SECRET |  |
| TOT/ 20 /AUG 82/000   | DATE TIME 10R-10 205 1445   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| MESSAGE NUMBER AND PRIORITY   |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| FVST-3/LA   |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| HEAVY WEIGHT MAIL   |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| CLASSIFICATION  |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |
| SECRET  |   |   |        |              |                     |                           |                             |  |           |  |                   |  |                |  |        |  |

VIA TELETYPE

CONTINUATION OF  
DISPATCHCLASSIFICATION  
SECRET

DISPATCH SYMBOL AND NUMBER

FVST-3344 PAGE-2

5. IT HAS NOT BEEN POSSIBLE TO MAINTAIN STRICT PERSONAL SECURITY FOR SCHWICKRATH. HE IS KNOWN TO MANY VIETNAMESE BOTH IN THE NORTH AND THE SOUTH AS HAVING BEEN ENGAGED IN VARIOUS INTELLIGENCE ACTIVITIES IN VIETNAM SINCE 1945. IN ADDITION, THE STATION HAS JUDGED THAT HIS BEST UTILIZATION HAS BEEN AS A REPRESENTATIVE OF THE CHIEF OF STATION IN VARIOUS COMMITTEE MEETINGS AND LIAISONS WHERE IT WAS NECESSARY HE BE IDENTIFIED AS THE REPRESENTATIVE OF THE COS. IT WOULD BE BOTH IMPOSSIBLE AND COUNTER-PRODUCTIVE IN SCHWICKRATH'S CASE TO ATTEMPT TO HIDE COMPLETELY HIS AFFILIATION WITH KUBARK.

6. DURING HIS CURRENT TOUR, SCHWICKRATH HAS ACQUIRED INCREASING SKILL AND FAMILIARITY IN THE INTRICACIES OF KUBARK STAFF WORK, BOTH AT THE INTER-STATION LEVEL AND THE INTGA-MISSION LEVEL. THIS IS A NEW CAPACITY FOR SCHWICKRATH WHO HAS HERETOFORE BEEN KNOWN AS A VERY AGGRESSIVE ACTION OFFICER. SCHWICKRATH HAS PERFORMED THESE NEW DUTIES WITH CONSIDERABLE FINESSE DESPITE A VERY RAPID BUILDUP OF PARAMILITARY ASSETS WITHIN VIETNAM AND AN EXTREMELY FLUID COMMAND RELATIONSHIP WITH THE COMMANDER OF THE U.S. MILITARY ASSISTANCE COMMAND, VIETNAM. IT IS WORTH NOTING THAT SCHWICKRATH WAS THE ONLY STATION REPRESENTATIVE IN A RECENT CONFERENCE CONVOKED BY CINCPAC IN HAWAII TO RECOMMEND PROCEDURES FOR IMPLEMENTATION OF A TEN MILLION DOLLAR PROJECT INVOLVING A YEAR-LONG TURNOVER OF CIVILIAN IRREGULAR ASSETS IN VIETNAM FROM THE STATION TO MACV. SCHWICKRATH'S PERFORMANCE AT THAT CONFERENCE RESULTED IN THE CONFERENCE'S ADOPTING ALL STJIVON RECOMMENDATIONS IN RESPECT TO ITS FUTURE ROLE IN CIVILIAN IRREGULAR ACTIVITIES. AT THE SAME TIME SCHWICKRATH'S PERFORMANCE WAS SUCH AS TO MAINTAIN CLOSE, HARMONIOUS RELATIONSHIPS BETWEEN KUBARK, CINCPAC AND MACV.

7. I HAVE PERSONALLY FOUND SCHWICKRATH TO BE AN INVALUABLE MEMBER OF OUR STAFF WITH AN INDISPENSABLE DEPTH OF KNOWLEDGE AND BACKGROUND ON SOUTH VIETNAM AND ON ALL MATTERS PERTAINING TO GUERRILLA WARFARE. IT IS A DISTINCT PLEASURE TO HAVE HIM WORKING HERE AS A MEMBER OF THE STATION.

STEPHEN P. SHORDEN

S-E-C-R-E-T  
(When Filled In)

12 OCT 1961

MEMORANDUM FOR: Chief, CA/PMG  
ATTENTION : Ernest P. Fox  
FROM : Deputy Director of Security (Investigations and Operational Support)  
SUBJECT : COMIN, Lucien  
#5025

1. Reference is made to the memorandum dated 21 September 1961 in which a Covert Security Clearance was requested to permit utilization of Subject as a Career Agent to provide paramilitary skills in any area where they are needed under Project ZPJEWEL.

2. This is to advise that a Covert Security Clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above.

3. Subjects of Covert Security Clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.

4. Your attention is called to the fact that a Covert Security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within six months of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*foris White*  
F. R. White

S-E-C-R-E-T  
(When Filled In)

S-E-C-R-E-T  
(When Filled In)

28 SEP 1961

MEMORANDUM FOR: Chief, CA/PMO  
ATTENTION: Ernest F. Fox  
FROM : Deputy Director of Security (Investigations and Support)  
SUBJECT : CONEIN, Lucien  
#5025

1. Reference is made to the memorandum dated 21 September 1961 in which a Provisional Covert Security Clearance was requested to permit contact and assessment of Subject, as a career agent, in providing paramilitary skills in any area where they are needed under Project ZRJEWEL.

2. This is to advise that a Provisional Covert Security Clearance is granted for the use of the Subject, as described in your request, as set forth in paragraph 1, above.

3. Subjects of Provisional Covert Security Clearances are not to represent themselves as, nor are they to be represented as employees of CIA.

4. Your attention is called to the fact that a Provisional Covert Security Clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within 90 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*Louis W. Vassaly*  
by Victor R. White  
Administrator

S-E-C-R-E-T  
(When Filled In)

**SECRET**

(EVEN WHEN BLANK)

**N°SD 39264 A****DATE****I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:**

(SIGNATURE) Lucien E. Conein

Lucien E. Conein  
(NAME, PRINTED OR TYPEWRITTEN)

**WITNESS:****RIGHT THUMB PRINT****SECRET**
**SECRET**  
 (EVEN WHEN BLANK)
**N°SD 39264 B****DATE****I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIGNATURE WHERE REQUIRED:**

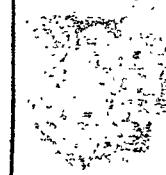
(SIGNATURE) Arthur R. Schwiehrath

**RIGHT THUMB PRINT**

ARTHUR R. SCHWIEHRATH  
(NAME, PRINTED OR TYPEWRITTEN)

**WITNESS:**

Ernest F. Fox

**SECRET**

## SECRET

| REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION<br><small>(Always handle one copy of this form)</small>  |  | DATE<br>21 September 1961   |
|---|--|---|
| <b>TO:</b>  | CI/Operational Approval and Support Division | FROM:<br>CA/PNG/Ernest F. Fox<br>x4611; 2405 K. Bldg.               |
| <input checked="" type="checkbox"/>   | Security Support Division/Office of Security |   |
| <b>SUBJECT:</b><br>(True Name) <u>COMINT, Lou</u>   |  | PROJECT<br>ZERLEVEL   |
| CRYPTONYM, PSEUDONYM, AKA OR ALIASES<br>(1) Morton F. Sowell (being cancelled if it has not already been done)<br>(2) Virgil M. Dorkus (being cancelled as are requesting new pseudo) |  | CIA/OA FILE NO.   |
|   |  | RI BOI FILE NO.   |
|   |  | BO FILE NO.   |
| TYPE ACTION REQUESTED   |  |   |
| <input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL   |  | <input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL           |
| <input type="checkbox"/> OPERATIONAL APPROVAL   |  | <input type="checkbox"/> PROPRIETARY APPROVAL                       |
| <input checked="" type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL  |  | <input type="checkbox"/> COVERT NAME CHECK                          |
| <input checked="" type="checkbox"/> COVERT SECURITY APPROVAL  |  | <input type="checkbox"/> SPECIAL INQUIRY (SO Field Investigation)   |
| COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS  |  |   |
| USE OF INDIVIDUAL OR ACTION REQUESTED   |  |   |
| SPECIFIC AREA OF USE<br><u>In any area in which is needed</u>   |  |   |
| FULL DETAILS OF USE<br><u>To provide Paramilitary Skills in any area they are needed.</u>   |  |   |
| INVESTIGATIVE COVER   |  |   |
| <input type="checkbox"/> IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INDICATE SPECIAL LIMITATIONS ON COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION   |  |   |
| Normal Procedure; Priority on PCGA and CSA per conversation with CA/SG/PERS   |  |   |
| IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY  |  |   |
| PRO AND GREEN LIST STATUS   |  |   |
| <input type="checkbox"/> PRO I. OR EQUIVALENT, IN (1) COPIES ATTACHED   |  | <input type="checkbox"/> PRO II. WILL BE FORWARDED                  |
| <input type="checkbox"/> PRO II. OR EQUIVALENT, IN (1) COPY ATTACHED  |  | <input type="checkbox"/> GREEN LIST ATTACHED, NOT                   |
| FIELD TRACES  |  |   |
| <input type="checkbox"/> NO RECORD  |  | <input checked="" type="checkbox"/> NO INFORMATION OF VALUE         |
| <input type="checkbox"/> DEBUNKATORY INFORMATION ATTACHED, WITH EVALUATION  |  | <input checked="" type="checkbox"/> NOT INITIATED (Explanation)     |
| <input type="checkbox"/> WILL BE FORWARDED  |  |   |
| RI TRACES (Debunkatory Information and Evaluation Attached)   |  |   |
| <input type="checkbox"/> NO RECORD  | <input type="checkbox"/> RECORD              | <input checked="" type="checkbox"/> NON-DEBUNKATORY                 |
| DIVISION TRACES (Debunkatory Information and Evaluation Attached)   |  |   |
| <input type="checkbox"/> NO RECORD  | <input type="checkbox"/> RECORD              | <input checked="" type="checkbox"/> NON-DEBUNKATORY                 |
| SIGNATURE OF CASE OFFICER <u>Walter E. Clegg</u>  | EXTENSION <u>4611</u>                        | SIGNATURE OF BRANCH CHIEF <u>Alfred F. Coyle, Jr., USA</u>          |
| TOP SECRET  |  |   |

SECRET

8 March 1961

MEMORANDUM FOR: Chief, FE Division

SUBJECT: Employment of Lou Conein

1. At my request, General Lansdale has quietly checked on the status of Lou Conein's retirement from the Army. He is presently in Iran and is slated for return home and retirement in August. He has made an effort to return sooner but the Iranian Government protested that it would be an act of bad faith (apparently, he is doing a good job with them).
2. At the moment, Conein belongs to ACSI and Lansdale feels that any move on our part to accelerate his return would be misinterpreted, or perhaps I should say correctly interpreted, by ACSI. I am getting his address and will establish contact with him by personal letter. Lansdale feels that Conein is very anxious to come back to work for the Agency.

*Al*  
Alfred T. Cox  
Chief, Paramilitary Group  
Covert Action Staff

cc: C/FE/VCL

SECRET

|   |  |  |  |  |
|---|--|--|--|--|
| DO NOT USE THIS SPACE<br>ISSUED BY  |  | PERSONAL HISTORY STATEMENT   |  | THIS DATE (Fill In)<br>25 September 1961 |
| INSTRUCTIONS  |  |  |  |  |
| <ol style="list-style-type: none"> <li>Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</li> <li>Type, print or write carefully; Illegible or incomplete forms will not receive consideration.</li> <li>Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</li> </ol> |  |  |  |  |
| <b>SECTION I GENERAL PERSONAL AND PHYSICAL DATA</b>   |  |  |  |  |
| 1. FULL NAME (Last-First-Middle)<br><b>COHEN, Lucien Emile</b>  |  | 2. AGE<br><b>41 yrs</b>  | 3. SEX<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |  |
| 4. HEIGHT<br><b>5' 11"</b>  | 5. WEIGHT<br><b>175 lbs</b>                        | 6. COLOR OF EYES<br><b>Blue</b>  | 7. COLOR OF HAIR<br><b>Brown</b>   | 8. TYPE COMPLEXION<br><b>Fair</b>        |
| 9. SCARS (Type and Location)<br><b>appendectomy, hernia, rt. side of body</b>   |  |  |  |  |
| 10. OTHER DISTINGUISHING PHYSICAL FEATURES<br><b>None</b>   |  |  |  |  |
| 11. CURRENT ADDRESS (No. Street, City, Zone, State and Country)<br><b>5011 Hanes Street<br/>Arlington, Virginia<br/>ZIP CODE 22211</b>  |  | 12. PERMANENT ADDRESS (No. Street, City, Zone, State and Country) AND PHONE NO.<br><b>1905 North 10th Street<br/>Kansas City, Kansas<br/>KMMW 6-4811</b> |  |  |
| 13. CURRENT PHONE NO.<br><b>KMMW 6-4811</b>   | 14. OFFICE PHONE NO. & EXT.<br><b>Oxford 57742</b> | 15. LEGAL RESIDENCE (State, Territory or Country)<br><b>Kansas</b>   |  |  |
| 16. NICKNAMES<br><b>Luij</b>  |  | 17. OTHER NAMES YOU HAVE USED  |  |  |
| 18. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.<br><b>VA</b>  |  |  |  |  |
| 19. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority)<br><b>VA</b>  |  |  |  |  |
| <b>SECTION II POSITION DATA</b>   |  |  |  |  |
| 20. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING<br><b>Position compatible with past training and experience</b>  |  |  |  |  |
| 21. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower salary).<br><b>\$ 11,500.00 F.C.C.</b>   |  | 22. DATE AVAILABLE FOR EMPLOYMENT<br><b>1 October 1961</b>   |  |  |
| 23. INDICATE YOUR WILLINGNESS TO TRAVEL<br><input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER  |  |  |  |  |
| 24. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)  |  |  |  |  |
| WASHINGTON, D.C.  | ANYWHERE IN U.S.                                   | CERTAIN LOCATIONS ONLY (Specify)<br><b>OUTSIDE CONTINENTAL U.S.</b>  |  |  |
| 25. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.<br><b>NONE</b>   |  |  |  |  |

-2-

**SECTION III****CITIZENSHIP**

|   |  |                                    |                                   |
|---|--|------------------------------------|-----------------------------------|
| 1. DATE OF BIRTH                                      | 2. PLACE OF BIRTH (City, State, Country) | 3. PRESENT CITIZENSHIP (Country)   |                                   |
| 22 Nov 1919   | Paris, France                            | U.S.                               |                                   |
| 4. CITIZENSHIP ACQUIRED BY                            |  | 5. DATE NATURALIZED                |                                   |
| BIRTH   | MARRIAGE                                 | 11 Aug 1925                        | 6. NATURALIZATION CERTIFICATE NO. |
| 7. COURT ISSUING NATURALIZATION CERTIFICATE           |  | 7. ISSUED AT (City, State, County) |                                   |
| District Court  |  | Tacoma, Washington                 |                                   |
| 8. HAVE YOU HELD PREVIOUS NATIONALITY                 |  | 10. IF YES, GIVE NAME OF COUNTRY   |                                   |
| <input checked="" type="checkbox"/> YES               | <input type="checkbox"/> NO              | France, (see above)                |                                   |
| 11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY. |  |                                    |                                   |

Born France 1919, emmigrated U.S. 1925

|  |   |                      |
|--|---|----------------------|
| 12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP | <input checked="" type="checkbox"/> YES | 13. GIVE PARTICULARS |
|  | <input type="checkbox"/> NO             | HA                   |

14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, etc.)?

|  |                         |                                 |
|--|-------------------------|---------------------------------|
| 15. DATE OF ARRIVAL IN U.S.                    | 16. PORT OF ENTRY       | 17. ON PASSPORT OF WHAT COUNTRY |
| Sept 1925                                      | New York City, New York | France                          |
| 18. LAST U.S. VISA (No., Type, Place of Issue) | 19. DATE VISA ISSUED    |                                 |
| Unknown  | Unknown                 |                                 |

**SECTION IV****EDUCATION**

## 1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

|  |                              |   |
|--|------------------------------|---|
| LESS THAN HIGH SCHOOL GRADUATE                 | <input type="checkbox"/> YES | OVER TWO YEARS OF COLLEGE NO DEGREE     |
| HIGH SCHOOL GRADUATE                           | <input type="checkbox"/>     | BACHELOR'S DEGREE                       |
| TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | <input type="checkbox"/>     | GRADUATE STUDY LEADING TO HIGHER DEGREE |
| TWO YEARS COLLEGE OR LESS                      | <input type="checkbox"/>     | MASTER'S DEGREE                         |
|  | <input type="checkbox"/>     | DOCTOR'S DEGREE                         |

## 2. ELEMENTARY SCHOOL

|                                 |   |
|---------------------------------|---|
| 1. NAME OF ELEMENTARY SCHOOL    | 2. ADDRESS (City, State, Country)                                   |
| Alton High School               | Alton, Illinoian, U.S.A.  |
| 3. DATES ATTENDED (From-and-To) | 4. GRADUATE   |
| 1921 - 1925                     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 3. HIGH SCHOOL

|                                 |   |
|---------------------------------|---|
| 1. NAME OF HIGH SCHOOL          | 2. ADDRESS (City, State, Country)                                   |
| Minneapolis HS                  | Minneapolis, Minn.  |
| 3. DATES ATTENDED (From-and-To) | 4. GRADUATE   |
| 1932 - 1934                     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

|                                 |   |
|---------------------------------|---|
| 1. NAME OF HIGH SCHOOL          | 2. ADDRESS (City, State, Country)                                   |
|                                 |   |
| 3. DATES ATTENDED (From-and-To) | 4. GRADUATE   |
|                                 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 4. COLLEGE, OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT |       | DATES ATTENDED |      | DEGREE RECEIVED | DATE RECEIVED | SEM. OR TR. HOURS (Specify) |
|--|---------|-------|----------------|------|-----------------|---------------|-----------------------------|
|  | MAJOR   | MINOR | FROM           | TO   |                 |               |                             |
| University of Maryland                     | 111     | 30    | 10/2           | 10/2 |                 |               | 60                          |
|  |         |       |                |      |                 |               |                             |
|  |         |       |                |      |                 |               |                             |
|  |         |       |                |      |                 |               |                             |

SECTION IV CONTINUED TO PAGE 1

## SECTION IV CONTINUED FROM PAGE I

S. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 6 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

## 6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | MONTHS |
|----------------------------|-------------------------|------|----|--------|
| NA                         |                         | 8    |    |        |
|                            |                         |      |    |        |
|                            |                         |      |    |        |
|                            |                         |      |    |        |

## 7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM     | TO        | MONTHS |
|----------------------------|-------------------------|----------|-----------|--------|
| OSS TIS, Ft Benning, Ga.   | O23                     | Mar 1943 | July 1942 | 6      |
| Special Warfare Ft. Bragg  | Special Forces          | Nov 1956 | Dec 1956  | 1      |

## 8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

## SECTION V

## FOREIGN LANGUAGE ABILITIES

## 1. LANGUAGE

Check below each language in which you have had some degree of competence. Indicate your proficiency in Read, Write or Speak by placing a check (X) in the appropriate boxes.

| LANGUAGE | COMPETENCE - IN ORDER LISTED<br>① Read, ② Write, ③ Speak |                |            |            |           |              | HOW ACQUIRED |
|----------|--|----------------|------------|------------|-----------|--------------|--------------|
|          | 1. NATIVE FLUENCY  | 2. PROFICIENCY | 3. READING | 4. WRITING | 5. SPEECH | 6. LISTENING |              |
| French   | X  | X              | X          | X          | X         | X            |              |
|          |  |                |            |            |           |              |              |
|          |  |                |            |            |           |              |              |
|          |  |                |            |            |           |              |              |
|          |  |                |            |            |           |              |              |

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPEECH AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MARY, AND OTHER SPECIALIZED AREAS.

None

5. IF YOU HAVE NOTED A PROFICIENCY IN A LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

YES NO

| SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL   |                               |                              |                          |                       |        |         |
|---|-------------------------------|------------------------------|--------------------------|-----------------------|--------|---------|
| 1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY, OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC. |                               |                              |                          |                       |        |         |
| NAME OF REGION OR COUNTRY   | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE OR TRAVEL | DATES AND PLACE OF STUDY | KNOWLEDGE ACQUIRED BY |        |         |
|   |                               |                              |                          | RESIDENCE             | TRAVEL | STUDY   |
| France  | Military                      | 1944                         |                          |                       |        | OSS     |
| China   | Military                      | 1945                         |                          |                       |        | OSS     |
| Indochina   | Military-polit                | 1945&56-59                   |                          |                       |        | OSS     |
| Germany   | Intelligence                  | 1946-1953                    |                          |                       |        | SSU CIA |
| Iran  | Intelligence                  | 1959-1961                    |                          |                       |        | ACSI    |

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.

**Military Assignments**

| 3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| SP 207111 27 July 1959 exp 27 July 1961                          |  |  |  |  |  |  |

| SECTION VII TYPING AND STENOGRAPHIC SKILLS |                    |   |                                       |                                    |   |  |
|--|--------------------|---|---------------------------------------|------------------------------------|---|--|
| 1. TYPING (wpm)                            | 2. SHORTHAND (wpm) | 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM |                                       |                                    |   |  |
| NA   | NA                 | <input type="checkbox"/> OREGO                        | <input type="checkbox"/> SPEEDWRITING | <input type="checkbox"/> STENOTYPE | <input type="checkbox"/> OTHER (Specify): |  |

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).

NA

| SECTION VIII SPECIAL QUALIFICATIONS  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. |  |  |  |  |  |  |
| Hunting - Good   |  |  |  |  |  |  |
| Fishing - Good   |  |  |  |  |  |  |
| Free Fall Parachuting - Good   |  |  |  |  |  |  |

2. INDICATE IF ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

OSS and Agency trained  
Special Forces Battalion Commander 3 yrs  
Chief Military Liaison Group, ACSI intel (FI) team Tehran Iran

| 3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| None   |  |  |  |  |  |  |

SECTION VII CONTINUED TO PAGE 5

|  |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
|--|---|---|---|-------------------------------------|--|----------------------------------|-----------|--|---|--|--|---------------------------------|--|--|--------------------------------|---|---|---|--|--|--|--|--|
| SECTION VIII CONTINUED FROM PAGE 4   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <p>4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, If Known).</p>   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <p>6. FIRST LICENSE OR CERTIFICATE (Year of Issue)      7. LATEST LICENSE OR CERTIFICATE (Year of Issue)</p> <p>8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).</p>   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <p>9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.</p>   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <p>10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.</p>   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <p>11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.</p>   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <p><b>SECTION IX</b> <span style="float: right;">EMPLOYMENT HISTORY</span></p> <p>NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 2, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.</p>   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| <table border="1"> <tr> <td>1. INCLUSIVE DATES (From and To - By Mo and Yr)</td> <td colspan="2">2. NAME OF EMPLOYING FIRM OR AGENCY</td> </tr> <tr> <td>U.S. Army (Sept 1941 to present)</td> <td colspan="2">U.S. Army</td> </tr> <tr> <td colspan="3">3. ADDRESS (No., Street, City, State, Country)<br/>Washington 25, D.C.</td> </tr> <tr> <td>4. KIND OF BUSINESS<br/>Military</td> <td colspan="2">5. NAME OF SUPERVISOR<br/>Major John M. Jones</td> </tr> <tr> <td>6. TITLE OF JOB<br/>Lt. Colonel</td> <td>7. SALARY OR EARNINGS<br/>\$1,200.00 per month</td> <td>8. CLASS, GRADE (If Federal Service)<br/>1st Lt.</td> </tr> <tr> <td colspan="3">9. DESCRIPTION OF DUTIES<br/>U. S. Army Officer assigned to be Assistant Chief of Staff for Intelligence</td> </tr> <tr> <td colspan="3">10. REASONS FOR LEAVING<br/>Retiring after 24 yrs. &amp; one half yrs service</td> </tr> </table> |   |   | 1. INCLUSIVE DATES (From and To - By Mo and Yr) | 2. NAME OF EMPLOYING FIRM OR AGENCY |  | U.S. Army (Sept 1941 to present) | U.S. Army |  | 3. ADDRESS (No., Street, City, State, Country)<br>Washington 25, D.C. |  |  | 4. KIND OF BUSINESS<br>Military | 5. NAME OF SUPERVISOR<br>Major John M. Jones |  | 6. TITLE OF JOB<br>Lt. Colonel | 7. SALARY OR EARNINGS<br>\$1,200.00 per month | 8. CLASS, GRADE (If Federal Service)<br>1st Lt. | 9. DESCRIPTION OF DUTIES<br>U. S. Army Officer assigned to be Assistant Chief of Staff for Intelligence |  |  | 10. REASONS FOR LEAVING<br>Retiring after 24 yrs. & one half yrs service |  |  |
| 1. INCLUSIVE DATES (From and To - By Mo and Yr)  | 2. NAME OF EMPLOYING FIRM OR AGENCY           |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| U.S. Army (Sept 1941 to present)   | U.S. Army                                     |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| 3. ADDRESS (No., Street, City, State, Country)<br>Washington 25, D.C.  |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| 4. KIND OF BUSINESS<br>Military  | 5. NAME OF SUPERVISOR<br>Major John M. Jones  |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| 6. TITLE OF JOB<br>Lt. Colonel   | 7. SALARY OR EARNINGS<br>\$1,200.00 per month | 8. CLASS, GRADE (If Federal Service)<br>1st Lt. |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| 9. DESCRIPTION OF DUTIES<br>U. S. Army Officer assigned to be Assistant Chief of Staff for Intelligence  |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| 10. REASONS FOR LEAVING<br>Retiring after 24 yrs. & one half yrs service   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |
| SECTION IX CONTINUED ON PAGE 6   |   |   |   |                                     |  |                                  |           |  |   |  |  |                                 |  |  |                                |   |   |   |  |  |  |  |  |

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| SECTION X   |                                    | MILITARY SERVICE   |                            |  |  |   |                |                                       |  |  |   |  |
|---|------------------------------------|--|----------------------------|--|--|---|----------------|---------------------------------------|--|--|---|--|
| 1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)  |                                    |  |                            | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                      |  | 2. SELECTIVE SERVICE CLASSIFICATION                                 |                | 3. SELECTIVE SERVICE NO.              |  |  |   |  |
| 4. IF DEFERRED, GIVE REASON<br>USAR Ret Reserves  |                                    |  |                            |  |  | NA  |                |                                       |  |  |   |  |
|   |                                    |  |                            |  |  | 5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS                 |                | NA                                    |  |  |   |  |
| 2. MILITARY SERVICE RECORD  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 1. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| CHECK (X) AS APPROPRIATE  | ARMY                               | NAVY   | MARINE CORPS               | AIR FORCE  | COAST GUARD  | MERCHANT MARINE   | NATIONAL GUARD | AIR NATIONAL GUARD                    | FOREIGN ORGAN. OR MIL. SERVICE (Specify) |  |   |  |
| HAVE SERVED →   |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| NOW SERVING →   | X                                  |  |                            |  |  |   |                |                                       |  |  |   |  |
| 2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)<br>Parachute Infantry   |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Post service)  |                                    |  |                            | 4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Post and current service)<br>OTOT 20 years |  |   |                |                                       |  |  |   |  |
| NA  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 5. DATE ENTERED ACTIVE DUTY →   |                                    | PAST SERVICE<br>22 Sept 1941   | CURRENT SERVICE<br>NA      |  | 6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION<br>18 mos              |   |                |                                       |  |  |   |  |
| 7. RANK, GRADE OR RATE →  |                                    | PAST SERVICE<br>pvt  | CURRENT SERVICE<br>Lt. Col |  | 8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)<br>02-32276 |   |                |                                       |  |  |   |  |
| 9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE  |                                    | PAST SERVICE<br>71542  |                            | CURRENT SERVICE<br>31542   |  |   |                |                                       |  |  |   |  |
| 10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE   |                                    | PAST SERVICE<br>93000  |                            | CURRENT SERVICE<br>39300   |  |   |                |                                       |  |  |   |  |
| 11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)<br><br>Chief of Military Liaison Group, ARMISS/MAAG, APO 205 NY, NY |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY   |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| HONORABLE DISCHARGE   | RETIREMENT FOR SERVICE             |  |                            | UNDUE HARDSHIPS  |  |   |                |                                       |  |  |   |  |
| RELEASE TO INACTIVE DUTY  | RETIREMENT FOR COMBAT DISABILITY   |  |                            | OTHER  |  |   | NA             |                                       |  |  |   |  |
| RETIREMENT FOR AGE  | RETIREMENT FOR PHYSICAL DISABILITY |  |                            |  |  |   |                |                                       |  |  |   |  |
| 13. CHECK (X) COMPONENT IN WHICH YOU SERVED<br>X REGULAR X RESERVE (Including the National and Air National Guard) X OTHER (Including AUS) AUS                        |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS   |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 14. DO YOU NOW HAVE A RESERVE STATUS?   |                                    | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>              |                            | 15. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITIA?   |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                | 16. ARE YOU NOW A MEMBER OF THE ROTC? |  |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| X YES   |                                    |  |                            | X NO   |  |   |                |                                       |  |  |   |  |
| 17. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW   |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| ARMY  | ARMY NATIONAL GUARD                | COAST GUARD  | NAVY ROTC                  | INDICATE ROTC CATEGORY NUMBER  |  |   |                |                                       |  |  |   |  |
| NAVY  | AIR FORCE                          | AIR NATIONAL GUARD   | ARMY ROTC                  | X 100  |  |   |                |                                       |  |  |   |  |
| 18. CURRENT RANK, GRADE OR RATE   |                                    | 19. DATE OF APPOINTMENT IN CURRENT RANK  |                            | 20. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION  |  |   |                |                                       |  |  |   |  |
| X LT Col  |                                    | X 8 July 1958  |                            | X 1 Oct 1961   |  |   |                |                                       |  |  |   |  |
| 21. CHECK (X) CURRENT RESERVE CATEGORY  |                                    | READY RESERVE  |                            | STANDBY/ACTIVE   |  | STANDBY/INACTIVE  |                | X RESTRICTED                          |  |  |   |  |
| X NA  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 22. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE   |                                    | 23. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE      |                            | NA   |  |   |                |                                       |  |  |   |  |
| 24. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES<br><br>NA  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 25. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NATIONAL GUARD OR ROTC TRAINING UNIT?  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                    | 26. IF YOU HAVE ANSWERED "YES" TO ITEM 25, GIVE UNIT OR AGENCY AND ADDRESS<br>NA |                            |  |  |   |                |                                       |  |  |   |  |
| 27. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                    | 28. IF YOU HAVE ANSWERED "YES" TO ITEM 27, GIVE UNIT OR AGENCY AND ADDRESS<br>NA |                            |  |  |   |                |                                       |  |  |   |  |
| 29. INDICATE TOTAL MILITARY SERVICE, YEARS FOR LONGEVITY PURPOSES (INCLUDE ACTIVE AND INACTIVE DUTY)  |                                    |  |                            |  |  |   |                |                                       |  |  |   |  |
| 24  |                                    | MONTHS   |                            | 30. WHERE ARE YOUR SERVICE RECORDS KEPT<br>ACSI  |  |   |                |                                       |  |  |   |  |

|  |  |  |  |
|--|--|--|--|
| <b>SECTION XI</b>  |  | <b>FINANCIAL STATUS</b>  |  |
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME<br><b>Not Applicable</b>  |  |  |  |
| 3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS   |  |  |  |
| NAME OF INSTITUTION  |  | ADDRESS (City, State, Country)   |  |
| The Riggs Nat'l Bank, Lincoln Br.  |  | 17 & H Street, N.W., Washington, D.C.  |  |
| 4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |  |
| 5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)<br><b>NA</b>  |  |  |  |
| 6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES   |  |  |  |
| NAME   |  | ADDRESS (No., Street, City, State)   |  |
| S.W. Rice Co.  |  | 1342 G. St. N.W., Washington, D.C.   |  |
| The First City Bank & Trust  |  | Fort Bragg, North Carolina   |  |
| The Guaranty State Bank  |  | 1000 Minn Ave., Kansas City, Kansas  |  |
| 7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |  |
| 8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS<br><b>NA</b>   |  |  |  |
| 9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>("If answer "YES", furnish details on separate sheet.) |  |  |  |
| <b>SECTION XII</b>   |  | <b>MARITAL STATUS</b>  |  |
| 1. PRESENT STATUS (Single, Married, Widower, Separated, Divorced, or Annulled) SPECIFY <input checked="" type="checkbox"/> MARRIED   |  |  |  |
| 2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS<br>Divorced from Monique Pierre Veber, 23 December 1947, Paris, France. Divorce by mutual agreement. Divorced from Carmen Ols, 26 Mar 1957, Wyandotte County, Kansas  |  |  |  |
| WIFE, HUSBAND - If you have been married more than once - including annulments - use a separate sheet for former wife or OR FIANCÉ: husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancee   |  |  |  |
| 3. NAME<br><b>Elyette BROCHOT</b>  |  | (First) (Middle) (Married) (Last)<br><b>BROCHOT CONEIN</b>   |  |
| 4. STATE ANY OTHER NAMES EVER USED<br><b>NA</b>  |  | INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION. |  |
| 5. DATE OF MARRIAGE<br><b>30 March 1958</b>  |  | 6. PLACE OF MARRIAGE (City, State, Country)<br><b>Dillon, South Carolina</b>   |  |
| 7. HIS (HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)<br><b>7 rue Docteur Charcot, Champigny sur Marne, Seine, France</b>   |  |  |  |
| 8. LIVING<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>NA</b>  |  | 9. DATE OF DEATH<br><b>NA</b>  |  |
| 10. CAUSE OF DEATH<br><b>NA</b>  |  |  |  |
| 11. CURRENT ADDRESS (Give last address, if deceased)<br><b>501 Hanes Street, McLean, Virginia</b>  |  |  |  |
| 12. DATE OF BIRTH<br><b>4 Sept 1929</b>  |  | 13. PLACE OF BIRTH (City, State, Country)<br><b>Vinh Vietnam</b>   |  |
| 14. CITIZENSHIP<br><b>USA</b>  |  |  |  |

SECTION XII CONTINUED TO PAGE 10

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## SECTION XII CONTINUED FROM PAGE 9

| 16. IF BORN OUTSIDE U.S., DATE OF ENTRY<br><b>23 December 1950</b>  | 18. PLACE OF ENTRY<br><b>New York City, New York</b>  |   |  |                                  |
|---|---|---|--|----------------------------------|
| 19. FORMER CITIZENSHIP(S) (Country)<br><b>French</b>  | 17. DATE U.S. CITIZENSHIP ACQUIRED (City, State, Country)<br><b>14 July 1959</b>  |   |  |                                  |
| 18. OCCUPATION<br><b>Housewife</b>  | 20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed last two employers)<br><b>NONE</b>   |   |  |                                  |
| 21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)<br><b>NA</b>   |   |   |  |                                  |
| 22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.)<br><b>NA</b>   |   |   |  |                                  |
| 23. BRANCH OF SERVICE<br><b>NA</b>  | 24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED<br><b>NA</b>   |   |  |                                  |
| 25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN<br><b>NA</b>   |   |   |  |                                  |
| <b>SECTION XIII CHILDREN AND OTHER DEPENDENTS</b><br>I PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS                          |   |   |  |                                  |
| NAME  | RELATIONSHIP  | DATE AND PLACE OF BIRTH   | CITIZENSHIP                              | ADDRESS                          |
| Charles M. Conain   | son   | 30 March '50 Ger  | USA                                      | 4854 Kenmore                     |
| Laurent P. Conain   | son   | 19 April '58 N.C.   | USA                                      | Alexandria, Va<br>5011 Jones St. |
| Philippe J. Conain  | son   | 16 Nov '59 Iran   | USA                                      | McLean, Virginia                 |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
| 2. NUMBER OF CHILDREN (BLOODING SON, DAUGHTER AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 yrs. OF AGE, AND NOT SELF-SUPPORTING.<br><b>0</b> | 3. NUMBER OF OTHER DEPENDENTS (INCLUDING SPOUSE, FATHER, STEP-MOTHER, STEP-DAUGHTER, STEP-SON, WHO DEFEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 yrs. OF AGE WHO ARE NOT SELF-SUPPORTING.)<br><b>0</b> |   |  |                                  |
| <b>SECTION XIV FATHER - Give same information as Step-father and step-mother on separate sheet</b>  |   |   |  |                                  |
| 1. FATHER'S NAME<br><b>Eduard, Lucien Xavier</b>  | 2. LIVING<br><b>NO</b>  | 3. DATE OF DEATH<br><b>1924</b>   | 4. CAUSE OF DEATH<br><b>heart attack</b> |                                  |
| 3. STATE OTHER NAMES HE HAS USED<br><b>None</b>   |   | INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF FATHER CHANGED, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION. |  |                                  |
| 4. CURRENT ADDRESS (Give last address, if deceased (No., Street, City, State, Country)<br><b>NA</b>   |   |   |  |                                  |
| 5. DATE OF BIRTH (City, State, Country)<br><b>1878</b>  | 6. PLACE OF BIRTH (City, State, Country)<br><b>Haut, Seine et Marne, France</b>   | 9. CITIZENSHIP<br><b>French</b>   |  |                                  |
| 10. IF BORN OUTSIDE U.S., DATE OF ENTRY<br><b>NA</b>  | 11. PLACE OF ENTRY<br><b>NA</b>   |   |  |                                  |
| 12. FORMER CITIZENSHIP(S) (Country)<br><b>NA</b>  | 13. DATE U.S. CITIZENSHIP ACQUIRED<br><b>NA</b>   | 14. WHERE ACQUIRED (City, State, Country)<br><b>NA</b>  |  |                                  |
| 15. OCCUPATION<br><b>NA</b>   | 16. PRESENT EMPLOYER (Include last employer, if father is deceased or unemployed)<br><b>NA</b>  |   |  |                                  |
| 17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED<br><b>NA</b>  |   |   |  |                                  |
| 18. DATES OF MILITARY SERVICE (From and to)<br><b>1914 - 1918</b>   | 19. BRANCH OF SERVICE<br><b>NA</b>  | 20. COUNTRY<br><b>France</b>  |  |                                  |
| 21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN<br><b>NA</b>   |   |   |  |                                  |

| SECTION XV MOTHER (Give same information for Stepmother or Adoptive Mother)  |  |   |                   |
|--|--|---|-------------------|
| 1. FULL NAME (Last-First-Middle)   | 2. LIVING  | 3. DATE OF DEATH                          | 4. CAUSE OF DEATH |
| <b>Estelle Leontine Cousin</b>   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO            | NA  | NA                |
| 5. STATE OTHER NAMES SHE HAS USED<br><b>Estelle Leontine Elsin (maiden)</b>  |  |   |                   |
| 6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)<br><b>150 Monterey Street, Bakersfield, California</b> |  |   |                   |
| 7. DATE OF BIRTH   | 8. PLACE OF BIRTH (City, State, Country)                                       |   | 9. CITIZENSHIP    |
| <b>6 June 1893</b>   | <b>Soengai, Dutch East Indies</b>  |   | <b>U.S.</b>       |
| 10. IF BORN OUTSIDE U.S.- DATE OF ENTRY  | 11. PLACE OF ENTRY   |   |                   |
| <b>22 May 1948</b>   | <b>New York City, New York</b>   |   |                   |
| 12. FORMER CITIZENSHIP(S) (Country/ies)  | 13. DATE U.S. CITIZENSHIP ACQUIRED   | 14. WHERE ACQUIRED (City, State, Country) |                   |
| <b>French</b>  | <b>10 November 1959</b>  | <b>Distr. Court, San Francisco, Cal.</b>  |                   |
| 15. OCCUPATION   | 16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) |   |                   |
| <b>None</b>  | <b>NA</b>  |   |                   |
| 17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED<br><b>NA</b>   |  |   |                   |
| 18. DATES OF MILITARY SERVICE (From-and-To)  | 19. BRANCH OF SERVICE  | 20. COUNTRY                               |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN<br><b>NA</b>  |  |   |                   |
| SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)   |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>Cousin, Maurice Rose</b>  | <b>Brother</b>   | <b>French</b>                             |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |
| <b>Unknown</b>   | <b>Chambéry sur Marne, Seine, France</b>                                       |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)                  |                   |
| <b>NA</b>  | <b>NA</b>  | <b>NA</b>                                 |                   |
| 4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)   |  |   |                   |

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| SECTION XVII  |   | FATHER-IN-LAW   |                   |                   |
|---|---|---|-------------------|-------------------|
| 1. FULL NAME (Last-First-Middle)  |   | 2. LIVING   | 3. DATE OF DEATH  | 4. CAUSE OF DEATH |
| <b>John James Jones BROCHOT</b>   |   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                   |                   |
| 5. STATE OTHER NAMES HE HAS USED<br><br>Unknown   |   |   |                   |                   |
| 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)<br><br>Noumea, New Caledonia   |   |   |                   |                   |
| 7. DATE OF BIRTH  | 8. PLACE OF BIRTH (City, State, Country)  | 9. CITIZENSHIP  |                   |                   |
| Unknown   | Noumea, New Caledonia   | French  |                   |                   |
| 10. IF BORN OUTSIDE U.S. - DATE OF ENTRY  | 11. PLACE OF ENTRY  |   |                   |                   |
| NA  | NA  |   |                   |                   |
| 12. FORMER CITIZENSHIP(S) (Country/ies)   | 13. DATE U.S. CITIZENSHIP ACQUIRED  | 14. WHERE ACQUIRED (City, State, Country)                           |                   |                   |
| NA  | NA  | NA  |                   |                   |
| 15. OCCUPATION  | 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) |   |                   |                   |
| self employed   | self employed   |   |                   |                   |
| SECTION XVIII   |   |   |                   |                   |
| MOTHER-IN-LAW   |   |   |                   |                   |
| 1. FULL NAME (Last-First-Middle)  | 2. LIVING   | 3. DATE OF DEATH  | 4. CAUSE OF DEATH |                   |
| <b>Marie Brochot</b>  |   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 1947              | Cancer            |
| 5. STATE OTHER NAMES SHE HAS USED<br><br>RA   |   |   |                   |                   |
| 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)<br><br>NA  |   |   |                   |                   |
| 7. DATE OF BIRTH  | 8. PLACE OF BIRTH (City, State, Country)  | 9. CITIZENSHIP  |                   |                   |
| NA  | NA  | French  |                   |                   |
| 10. IF BORN OUTSIDE U.S. - DATE OF ENTRY  | 11. PLACE OF ENTRY  |   |                   |                   |
| NA  | NA  |   |                   |                   |
| 12. FORMER CITIZENSHIP(S) (Country/ies)   | 13. DATE U.S. CITIZENSHIP ACQUIRED  | 14. WHERE ACQUIRED (City, State, Country)                           |                   |                   |
| NA  | NA  | NA  |                   |                   |
| 15. OCCUPATION  | 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) |   |                   |                   |
| NA  | NA  |   |                   |                   |
| SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT |   |   |                   |                   |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP   | 3. AGE  |                   |                   |
| <b>CONIN, Maurice René</b>  | Brother   | 39  |                   |                   |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   | 5. EMPLOYED BY  |   |                   |                   |
| Champigny-sur-Marne, France   | Unknown   |   |                   |                   |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT   | 8. DATE OF LAST CONTACT   |                   |                   |
| French  | Never   | 16 Sept 1961  |                   |                   |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP   | 3. AGE  |                   |                   |
| <b>BROCHOT, John James Jones</b>  | Father-in-law   | Unk   |                   |                   |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   | 5. EMPLOYED BY  |   |                   |                   |
| Neuman, New Caledonia   | Self-employed   |   |                   |                   |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT   | 8. DATE OF LAST CONTACT   |                   |                   |
| French  | Never   | never contacted   |                   |                   |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP   | 3. AGE  |                   |                   |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   | 5. EMPLOYED BY  |   |                   |                   |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT   | 8. DATE OF LAST CONTACT   |                   |                   |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP   | 3. AGE  |                   |                   |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   | 5. EMPLOYED BY  |   |                   |                   |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT   | 8. DATE OF LAST CONTACT   |                   |                   |

THIS FORM IS CONTINUED ON PAGE 12

## SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

## SECTION XX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

| 1. NAME (Last-First-Middle)                    | 2. RELATIONSHIP                            | 3. AGE | 4. CITIZENSHIP |
|--|--|--------|----------------|
| MA   |  |        |                |
| 5. ADDRESS (No., Street, City, State, Country) | 6. TYPE AND LOCATION OF SERVICE (If known) |        |                |
|  |  |        |                |
| 1. NAME (Last-First-Middle)                    | 2. RELATIONSHIP                            | 3. AGE | 4. CITIZENSHIP |
|  |  |        |                |
| 5. ADDRESS (No., Street, City, State, Country) | 6. TYPE AND LOCATION OF SERVICE (If known) |        |                |
|  |  |        |                |
| 1. NAME (Last-First-Middle)                    | 2. RELATIONSHIP                            | 3. AGE | 4. CITIZENSHIP |
|  |  |        |                |
| 5. ADDRESS (No., Street, City, State, Country) | 6. TYPE AND LOCATION OF SERVICE (If known) |        |                |

## SECTION XXI REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY

| NAME<br>(Last-First-Middle) | BUSINESS ADDRESS<br>(No., Street, City and State) | RESIDENCE ADDRESS<br>(No., Street, City and State) |
|-----------------------------|---|--|
| B/Oen Edw. G. Lansdale      | Op Ass't Sec Def,                                 | 4503 MacArthur Blvd<br>Washington, D.C.            |
| Mr. Lucius O. Rucker        | CIA   | 5011 Flax Street<br>Arlington, Virginia            |
| Hon. Errett P. Scrivner     | Congress  | 2311 Cathedral Av., N.W.<br>Washington, D.C.       |
| Mr. Alfred T. Cox           | CIA   | Arlington Towers<br>Arlington, Virginia            |
| Mr. John Foster             | CIA   | U.S. Embassy<br>Teheran, Iran                      |

2. LIST FIVE PERSONS IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES, SUPERVISOR OR EMPLOYER

| NAME<br>(Last-First-Middle) | BUSINESS ADDRESS<br>(No., Street, City and State) | RESIDENCE ADDRESS<br>(No., Street, City and State) |
|-----------------------------|---|--|
|                             |   |  |

Since I have been in the military service since September 1951 and since the majority of my military service has been in overseas areas, specifically since 1959, 1961, and since I have just returned from Teheran, Iran, my social contacts are not in the United States.

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

| NAME<br>(Last-First-Middle) | BUSINESS ADDRESS<br>(No., Street, City and State) | RESIDENCE ADDRESS<br>(No., Street, City and State) |
|-----------------------------|---|--|
|                             |   |  |

Same as above applies. In the military service people are being continually transferred to new duty stations therefore at this time it is impossible to adequately answer this question.

**SECTION XXII** : **CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

**NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind  
(Include membership in, or support of, any organization having headquarters or branch in a foreign country) to which you  
belong or have belonged**

**SECTION XXIII**

## **RESIDENCES FOR THE PAST 15 YEARS**

| SECTION XXIV  |  | ADDITIONAL INFORMATION   |   |
|---|--|--|---|
| 1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES? |  |  |   |
| X YES      NO   |  |  |   |
| 2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN  |  |  |   |
| 3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?  |  | <input checked="" type="checkbox"/> YES  | 4. IF SO, TO WHAT EXTENT?   |
|   |  | <input type="checkbox"/> NO  |   |
| 5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?  |  | <input checked="" type="checkbox"/> YES  | 6. IF SO, TO WHAT EXTENT?   |
|   |  | <input type="checkbox"/> NO  |   |
| 7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?   |  |  |   |
|   |  | <input checked="" type="checkbox"/> YES  | <input type="checkbox"/> NO      IF ANSWER IS "YES", GIVE COMPLETE DETAILS. |
| <b>Military Liaison to J-2 SCS, Imp Iranian Army 1959 to 1961</b>   |  |  |   |
| 8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940  |  |  |   |
| U.S. Army   |  |  |   |
| 9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.  |  |  |   |
| CGS 1943<br>BSU 1946<br>OIO 1947<br>CIA 1948-49   |  | U.S. Army 1956-57<br>ACSI D of A 1959  |   |
| NOTE SPECIAL INSTRUCTIONS   |  | If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope. |   |
| 10. HAVE YOU, OR TO YOUR KNOWLEDGE HAD YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, IMPLICATED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?   |  |  |   |
|   |  | <input checked="" type="checkbox"/> YES  |   |
| IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.   |  | <input type="checkbox"/> NO  |   |
| 11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED, OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.  |  |  |   |
|   |  | <input type="checkbox"/> YES   |   |
|   |  | <input checked="" type="checkbox"/> NO   |   |
| 12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.  |  |  |   |
|   |  | <input type="checkbox"/> YES   |   |
|   |  | <input checked="" type="checkbox"/> NO   |   |
| SECTION XXV   |  | PERSON TO BE NOTIFIED IN CASE OF EMERGENCY   |   |
| 1. NAME (First-Middle-Last)<br><b>Elyette Brociet Canein</b>  |  | 2. RELATIONSHIP<br><b>Wife</b>   |   |
| 3. HOME ADDRESS (No., Street, City, Zone, State, Country)   |  | 4. HOME PHONE NO.<br><b>Elmwood 6-4811</b>   |   |
| 5. BUSINESS ADDRESS (No., Office, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE<br><b>Dept of Army</b>   |  | 6. BUSINESS PHONE NO. & EXT.<br><b>OX 57742</b>  |   |
| 7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES/SPouse, CHILD, FRIEND, MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE   |  |  |   |
| Mrs. Estelle Canein 150 Monterey St. Brisbane, Calif.   |  | Mother   |   |

- 16 -

## SECTION XXVI

## CERTIFICATION

**YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.**

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

|   |   |
|---|---|
| 1. DATE OF SIGNATURES<br>25 September 1961        | 2. SIGNATURE OF APPLICANT<br><i>Howard L. Jones</i> |
| 3. SIGNED AT (City and State)<br>Washington D. C. | 4. SIGNATURE OF WITNESS<br><i>H. O. Parker, Jr.</i> |

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.



DEPARTMENT OF DEFENSE  
OFFICE OF THE CHIEF OF STAFF  
WASHINGTON 25, D. C.

AGPO-SR 201 Cousein, Lucien E.  
01 322 769

22 September 1961

SUBJECT: Retirement

TO: Lieutenant Colonel Lucien E. Cousein, 01322769, Infantry

Lieutenant Colonel Lucien E. Cousein, 01322769, Army of the United States, (Lieutenant Colonel, Infantry, United States Army Reserve) upon his application is retired from active service under the provisions of title 10, United States Code, section 3911, after more than 20 years of active Federal service. He is relieved from assignment and duty Washington, D. C., effective date of change of strength accountability: 30 September 1961 and placed on Army of the United States Retired List 1 October 1961. On 1 October 1961 he is transferred to United States Army (Retired Reserve) and assigned to United States Army Control Group (Retired) at appropriate United States Army Corps. Home of selection and completion of travel within one year is authorized. Permanent change of station. Travel directive is necessary in the military service. Pamphlet "Personal Property Shipping Information" is applicable. 2122010 01-1731-1732-1733 P 1517 \$99.99. Separation program number 557.

By Order of the Secretary of the Army:

Major General

| OFFICER EFFICIENCY REPORT<br>(AR 600-183 and SR 600-183-1)  |   |   |   |   |  |
|---|---|---|---|---|--|
| SECTION I   |   |   |   |   |  |
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br>CONEIN, Lucien E.   | 2. SERVICE NO.<br>O 1 322 769   | 3. GRADE<br>Major   | 4. BRANCH<br>Inf  | 5. COMPONENT<br>USAR                            |  |
| 6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER<br>Support Group (8706)<br>Washington 25, D. C.   | 7. PERIOD OF REPORT<br>FROM (Da, mo, yr) TO (Da, mo, yr) DUTY DAYS OTHER DAYS<br>1 May 56 17 Oct 56 126 44  |   |   |   |  |
| 8. REASON FOR REPORT<br><input type="checkbox"/> Change duty rated officer <input checked="" type="checkbox"/> PCS rated officer<br><input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer<br><input type="checkbox"/> Other (Specify)   | 9. BASIS FOR RATING OFFICER'S ENTRIES<br><input type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation<br><input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records |   |   |   |  |
| 10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty Nos. job assignment, and briefly describe major additional duties).  |   |   |   |   |  |
| 11. OFFICER CHARACTERISTICS   |   |   |   |   |  |
| a. How effective is this officer in the maintenance of supply discipline?<br><input type="checkbox"/>   | RATER<br>UNKNOWN <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/>  | INDORSER<br>UNKNOWN <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> |   |   |  |
| b. How effective is this officer in utilization of personnel?<br><input type="checkbox"/>   | <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES  | <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                  |   |   |  |
| c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?<br><input type="checkbox"/>   |   |   |   | If UNKNOWN or NO explain in detail in Item 12a. |  |
| d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?<br><input type="checkbox"/>   |   |   |   | If UNKNOWN or NO explain in detail in Item 12a. |  |
| 12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days ( ) days) and discuss strengths and weaknesses exhibited in combat. |   |   |   |   |  |
| a. Comments of rating officer<br><br>An animated imaginative officer. Impetuous, verbose in talk, he is more realistic in action. He has an agile mind which does not take well to discipline. Speaks French fluently. Is able to develop and work with foreign personnel at all levels. Extremely adaptable.               |   |   |   |   |  |
| b. Comments of indorsing officer<br><input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report.   |   |   |   |   |  |
| This Officer is particularly well suited for unconventional warfare operations.   |   |   |   |   |  |
| 13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT<br>Under My Supervision:<br>John G. ANDRETON, Chief of Station, GS-15   | 14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT<br>Under My Jurisdiction:<br>Evan J. PARKER, JR., Branch Chief, GS-15  |   |   |   |  |
| <small>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-183 AND SR 600-183-1.</small>   |   |   |   |   |  |
| DATE<br>31 OCT  | SIGNATURE<br>John G. Andreton   | DATE<br>17 Oct 56   | SIGNATURE<br>Evan J. Parker   |   |  |
| 15. THIS REPORT HAS INCLOSURES. (Show "X" if appropriate.)  |   |   | 16. DATE ENTERED ON DA FORM 60<br>PERSONNEL OFFICER'S ALS 17 Oct 56 |   |  |

DA FORM 67-3  
1 OCT 52REPLACES DA AGO FORM 67-2, 1 SEP 50,  
WHICH WILL BE OBSOLETE 31 OCT 52.

## RATED OFFICER'S NAME AND SERVICE NUMBER

CONEIN, Lucien E., O 1 32-769

## SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

| RATER                    | 1                        | 2                        | 3                                   | 4                        | 5                        | UNKNOWN   | RATER                    | 1                        | 2                        | 3                        | 4                        | 5                        |
|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A Command a unit.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Serve as a staff officer.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | B Specify: UW or Guerrilla Warfare Ops  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | C Specify: Sabotage, GW, Special Forces   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | D Conduct military instruction.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | F Carry out an assignment involving mostly administrative duties.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | G Represent your viewpoint in liaison activities.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | H Make decisions and take action in your name during your absence - e.g., act as your deputy.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | I Be responsible in an emergency requiring forceful leadership.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | J Other. Specify: Research & Development, Special Force Techniques  | <input type="checkbox"/> |

Comment on and/or clarify above ratings if necessary

Subject's forte is not administration; he is a specialist in airborne and similar types of special operations demanding a high degree of initiative, energy, and perseverance.

\*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

## SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

7. Excels any other officer I know in performance of this duty.
6. Outstanding performance of this duty found in very few officers.
5. Very fine performance of such a nature that this officer is a distinct asset to the service.
4. Performs this duty in a competent, dependable manner.
3. Performs this duty acceptably.
2. Barely adequate in performance of this duty.
1. Inadequate in performance of this duty.

RATER

INDOSER

## SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

8. The most outstanding officer I know.
7. One of the few highly outstanding officers I know.
6. A very fine officer who is a great asset to the service.
5. A competent, dependable officer of distinct value to the service.
4. A typically effective officer.
3. An acceptable officer whose value is limited in some respects.
2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.
1. An officer who is not of the caliber that one should reasonably expect in an officer.

RATER

INDOSER

## SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.
5. Should give an outstanding performance when promoted to next higher grade.
4. Should give a competent and dependable performance when promoted to next higher grade.
3. Should give a fairly adequate performance of duty when promoted to next higher grade.
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.

RATER

INDOSER

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| OFFICER EFFICIENCY REPORT<br>(AR 600-185 and SR 600-185-1)  |  |   |   |   |                                     |
|---|--|---|---|---|-------------------------------------|
| SECTION I   |  |   |   |   |                                     |
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL<br><b>CONEIN, Lucien E.</b>  | 2. SERVICE NO.<br><b>0 1 322 769</b>   | 3. GRADE<br><b>Maj</b>                                      | 4. BRANCH<br><b>Inf</b>   | 5. COMPONENT<br><b>USAR</b>                     |                                     |
| 6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER<br><b>Spt. Gp. 8706th DU<br/>Washington 25, D. C.</b>   | 7. PERIOD OF REPORT<br><b>FROM (Da, mo, yr)      TO (Da, mo, yr)<br/>31 Apr '56</b>  | DUTY DAYS   | OTHER DAYS  |   |                                     |
| 8. REASON FOR REPORT<br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Change duty rated officer <input type="checkbox"/> PCS rated officer<br><input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer<br><input type="checkbox"/> Other (Specify) _____                        | 9. BASIS FOR RATING OFFICER'S ENTRIES<br><input checked="" type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation<br><input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records |   |   |   |                                     |
| 10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS, job assignment, and briefly describe major additional duties.)<br><br><b>Classified duties comparable to a Special Forces troop Commander on an isolated mission.</b>   |  |   |   |   |                                     |
| 11. OFFICER CHARACTERISTICS   |  |   |   |   |                                     |
| a. How effective is this officer in the maintenance of supply discipline?<br><input type="checkbox"/>   | RATER<br>UNKNOWN      UNKNOWN  | INDORSER<br>UNKNOWN      UNKNOWN                            |   |   |                                     |
| b. How effective is this officer in utilization of personnel?<br><input type="checkbox"/>   |  |   |   |   | <input checked="" type="checkbox"/> |
| c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?<br><input type="checkbox"/>   | UNKNOWN<br><input type="checkbox"/>  | FACTORY<br><input type="checkbox"/>                         | YES<br><input checked="" type="checkbox"/>  | If UNKNOWN or NO explain in detail in Item 12c. |                                     |
| d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?<br><input type="checkbox"/>   |  |   | <input checked="" type="checkbox"/>   | If UNKNOWN or NO explain in detail in Item 12d. |                                     |
| 12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days (days) and discuss strengths and weaknesses exhibited in combat.                        |  |   |   |   |                                     |
| e. Comments of rating officer<br><br>Has demonstrated outstanding leadership, including the ability to assess a situation correctly, make proper decisions on his own initiative, and cope with emergencies skillfully. Much of his duties were performed in territory in which enemy agents were active; some were performed under enemy fire. |  |   |   |   |                                     |
| b. Comments of Indorsing officer<br><br><input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report.   |  |   |   |   |                                     |
| <br><br>An outstanding officer, thoroughly qualified technically in his field, practical, energetic and bold. Undertook difficult missions under most trying conditions and carried them out successfully.  |  |   |   |   |                                     |
| 13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT<br><b>Edmund P. Quinean, Lt. Col., 0522917, Inf.<br/>MAAG - Vietnam</b>   |  |   | 14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT<br><b>Edward G. LANSDALE, Colonel, 2534A,<br/>USAF, MAAG - Vietnam</b> |   |                                     |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-185 AND SR 600-185-1.  |  |   | I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-185 AND SR 600-185-1.    |   |                                     |
| DATE<br><b>1 OCT 53</b>   | SIGNATURE<br><b>E P Quinean</b>  | DATE<br><b>26 Jan 54</b>                                    | SIGNATURE<br><b>E G Lansdale</b>  |   |                                     |
| 15. THIS REPORT HAS INCLOSURES. (Mark "O" if appropriate.)  |  | 15. DATE ENTERED ON DA FORM 60 PERSONNEL OFFICER'S INITIALS |   |   |                                     |

DA FORM 1 OCT 53 67-3

REPLACES DA AGO FORM 67-2, 1 SEP 52,  
WHICH WILL BE OBSOLETE 31 OCT 52.

## RATED OFFICER'S NAME AND SERVICE NUMBER

## SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impossible for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

| RATER | 1                        | 2                        | 3                        | 4                        | 5                                   | UNKNOWN | A | 1                        | 2                        | 3                        | 4                        | 5                                   | UNKNOWN |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---------|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---------|
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | B | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | C | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | D | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | E | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | F | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | G | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | H | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | I | <input type="checkbox"/>            | X       |
|       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | X       | J | <input type="checkbox"/>            | X       |

Comment on and/or clarify above ratings if necessary

\*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

## SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

7. Exceeds any other officer I know in performance of this duty.
6. Outstanding performance of this duty found in very few officers.
5. Very fine performance of such a nature that this officer is a distinct asset to the service.
4. Performs this duty in a competent, dependable manner.
3. Performs this duty acceptably.
2. Barely adequate in performance of this duty.
1. Inadequate in performance of this duty.

| RATER                    | INDORSER                 | RATER  | INDORSER |
|--------------------------|--------------------------|--|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description. |          |

## SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

3. The most outstanding officer I know.
2. One of the few highly outstanding officers I know.
1. A very fine officer who is a great asset to the service.
5. A competent, dependable officer of distinct value to the service.
4. A typically effective officer.
3. An acceptable officer whose value is limited in some respects.
2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.
1. An officer who is not of the caliber that one should reasonably expect in an officer.

| RATER                               | INDORSER                 | RATER                    | INDORSER                 |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.
5. Should give an outstanding performance when promoted to next higher grade.
4. Should give a competent and dependable performance when promoted to next higher grade.
3. Should give a fairly adequate performance of duty when promoted to next higher grade.
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.

| RATER                               | INDORSER                 | RATER                    | INDORSER                 |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Please Type*

**OFFICERS EFFICIENCY REPORT  
WORK SHEET**

SECTION 1

|   |  |                                       |                          |                            |       |          |   |   |  |  |
|---|--|---------------------------------------|--------------------------|----------------------------|-------|----------|---|---|--|--|
| 1. LAST NAME, FIRST NAME, MIDDLE INITIAL<br><b>COLONEL LUCILLE E.</b>   | 2. SERVICE NO.<br><b>01217 769 112</b>   | 3. GRADE<br><b>1LT</b>                | 4. BRANCH<br><b>USA</b>  | 5. COMPONENT<br><b>USA</b> |       |          |   |   |  |  |
| 7. PERIOD OF REPORT   |  |                                       |                          |                            |       |          |   |   |  |  |
| FROM<br>(Do, mo, yr)  |  | TO (Do, mo, yr)                       | DUTY DAYS<br><b>RAPE</b> |                            |       |          |   |   |  |  |
| OTHER DAYS  |  |                                       |                          |                            |       |          |   |   |  |  |
| 8. REASON FOR REPORT  |  |                                       |                          |                            |       |          |   |   |  |  |
| <input checked="" type="checkbox"/> Change duty rated officer <input type="checkbox"/> PCS rated officer<br><input checked="" type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer<br><input type="checkbox"/> Other (Specify) <input type="checkbox"/>   |  |                                       |                          |                            |       |          |   |   |  |  |
| 9. BASIS FOR RATING OFFICER'S ENTRIES   |  |                                       |                          |                            |       |          |   |   |  |  |
| <input checked="" type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation<br><input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records   |  |                                       |                          |                            |       |          |   |   |  |  |
| 10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT? (List his duty MOS)  |  |                                       |                          |                            |       |          |   |   |  |  |
| <b>Classified duties comparable to a Special Forces troop commander on an isolated mission</b>  |  |                                       |                          |                            |       |          |   |   |  |  |
| 11. OFFICER CHARACTERISTICS   |  |                                       |                          |                            |       |          |   |   |  |  |
| <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">RATER</td> <td style="text-align: center;">INDORSER</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN<br/> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN<br/> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN         </td> <td style="text-align: center;"> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN<br/> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN<br/> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> SATISFACTORY      <input type="checkbox"/> SATISFACTORY<br/> <input type="checkbox"/> NO      <input type="checkbox"/> YES<br/> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN         </td> <td style="text-align: center;"> <input type="checkbox"/> SATISFACTORY      <input type="checkbox"/> SATISFACTORY<br/> <input type="checkbox"/> NO      <input type="checkbox"/> YES<br/> <input type="checkbox"/> UNKNOWN      <input type="checkbox"/> UNKNOWN         </td> </tr> </table> |  |                                       |                          |                            | RATER | INDORSER | <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> SATISFACTORY<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> SATISFACTORY<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN |
| RATER   | INDORSER   |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN   | <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN  |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> SATISFACTORY<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN  | <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> SATISFACTORY<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN |                                       |                          |                            |       |          |   |   |  |  |
| a. How effective is this officer in the maintenance of supply discipline?   |  |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN   |  |                                       |                          |                            |       |          |   |   |  |  |
| b. How effective is this officer in utilization of personnel?   |  |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN   |  |                                       |                          |                            |       |          |   |   |  |  |
| c. FOR RATEE ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?   |  |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN   |  |                                       |                          |                            |       |          |   |   |  |  |
| d. FOR RATER ONLY - Could the officer be expected to serve adequately in any normal branch assignment or commensurate with his grade?   |  |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN   |  |                                       |                          |                            |       |          |   |   |  |  |
| 12. DESCRIPTION OF RATED OFFICER AND COLLEAGUES. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days (      days) and discuss strengths and weaknesses exhibited in combat.  |  |                                       |                          |                            |       |          |   |   |  |  |
| a. Comments of rating officer   |  |                                       |                          |                            |       |          |   |   |  |  |
| <i>Has demonstrated outstanding leadership, including the ability to assess a situation correctly, make proper decisions on his own initiative, and for self-sacrifice without shirking. Much of his duties were performed in territory we believe was being organized were active; normal base performed under varying fire.</i>   |  |                                       |                          |                            |       |          |   |   |  |  |
| b. Comments of indorsing officer  |  |                                       |                          |                            |       |          |   |   |  |  |
| <input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report  |  |                                       |                          |                            |       |          |   |   |  |  |
| <i>An outstanding officer, thoroughly qualified technically in his field, practical, energetic, and brave. Under the difficult missions under most trying conditions and carried them out successfully.</i>   |  |                                       |                          |                            |       |          |   |   |  |  |
| 13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT   |  |                                       |                          |                            |       |          |   |   |  |  |
| <b>EDWARD G. LANSDALE, COLONEL, 2534A, USAF, MAAC, VIETNAM</b>  |  |                                       |                          |                            |       |          |   |   |  |  |
| I CERTIFY THAT THE STATE OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREIN BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH THE STATED PURPOSES OF THIS FORM.   |  |                                       |                          |                            |       |          |   |   |  |  |
| DATE  |  | SIGNATURE                             |                          |                            |       |          |   |   |  |  |
| 15. THIS REPORT HAS   |  | INCLOSURES. (Check "O" if applicable) |                          |                            |       |          |   |   |  |  |
| 16. DATE ENTERED ON DA FORM 68  |  | PERSONNEL OFFICER'S INITIALS          |                          |                            |       |          |   |   |  |  |
| <b>FILE COPY</b>  |  |                                       |                          |                            |       |          |   |   |  |  |

| RATED OFFICER'S NAME AND SERVICE NUMBER   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
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| <b>SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES</b>  |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <p>Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">RATER</th> <th colspan="5">INDORSER</th> </tr> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> A Command a unit.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> B Serve as a staff officer.<br/>Specify: <b>Special Forces</b></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> C Work as a specialist, professional person, or technician.<br/>Specify: <b>SPECIAL FORCES</b></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> D Conduct military instruction.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> E Serve in a capacity involving contacts with other services, allied forces, or civilians - e. g., joint boards, contract negotiations, reserve components, etc.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> F Carry out an assignment involving mostly administrative duties.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> G Represent your viewpoint in liaison activities</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> H Make decisions and take action in your name during your absence - e. g., act as your deputy.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> I Be responsible in an emergency requiring forceful leadership</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/> J Other.<br/>Specify:</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                     |                                     |   |                          |                          |                          |                          |                          | RATER |  |          |  |                          | INDORSER                 |                          |                          |   |                          | 1                                   | 2                        | 3   | 4                                   | 5                        | 1                        | 2   | 3                        | 4                        | 5                        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> A Command a unit.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> B Serve as a staff officer.<br>Specify: <b>Special Forces</b> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> C Work as a specialist, professional person, or technician.<br>Specify: <b>SPECIAL FORCES</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> D Conduct military instruction. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> E Serve in a capacity involving contacts with other services, allied forces, or civilians - e. g., joint boards, contract negotiations, reserve components, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> F Carry out an assignment involving mostly administrative duties. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> G Represent your viewpoint in liaison activities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> H Make decisions and take action in your name during your absence - e. g., act as your deputy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> I Be responsible in an emergency requiring forceful leadership | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> J Other.<br>Specify: | <input type="checkbox"/> |
| RATER   |                                     |                                     |                                     |   | INDORSER                 |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 1   | 2                                   | 3                                   | 4                                   | 5   | 1                        | 2                        | 3                        | 4                        | 5                        |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> A Command a unit.  | <input type="checkbox"/> |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> B Serve as a staff officer.<br>Specify: <b>Special Forces</b>  | <input type="checkbox"/> |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> C Work as a specialist, professional person, or technician.<br>Specify: <b>SPECIAL FORCES</b>  | <input type="checkbox"/> |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> D Conduct military instruction.  | <input type="checkbox"/> |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> E Serve in a capacity involving contacts with other services, allied forces, or civilians - e. g., joint boards, contract negotiations, reserve components, etc. | <input type="checkbox"/> |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
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| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> J Other.<br>Specify:   | <input type="checkbox"/> |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <p>Comment on and/or clarify above ratings if necessary</p>   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <p>* For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.</p>   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <b>SECTION III PERFORMANCE OF DUTY</b>  |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <p>Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">RATER</th> <th colspan="2">INDORSER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>7. Excels any other officer I know in performance of this duty.</td><td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>6. Outstanding performance of this duty found in very few officers</td><td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>5. Very fine performance of such a nature that this officer is a distinct asset to the service.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>4. Performs this duty in a competent, dependable manner.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>3. Performs this duty acceptably.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>2. Barely adequate in performance of this duty.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1. Inadequate in performance of this duty.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>  |                                     |                                     |                                     |   |                          |                          |                          |                          |                          | RATER |  | INDORSER |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Excels any other officer I know in performance of this duty.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Outstanding performance of this duty found in very few officers            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. 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| RATER   |                                     | INDORSER                            |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 7. Excels any other officer I know in performance of this duty.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 6. Outstanding performance of this duty found in very few officers  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 5. Very fine performance of such a nature that this officer is a distinct asset to the service.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 4. Performs this duty in a competent, dependable manner.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 3. Performs this duty acceptably.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 2. Barely adequate in performance of this duty.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 1. Inadequate in performance of this duty.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <b>SECTION IV PROMOTION POTENTIAL</b>   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <p>Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">RATER</th> <th colspan="2">INDORSER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>5. Should give an outstanding performance when promoted to next higher grade.</td><td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>4. Should give a competent and dependable performance when promoted to next higher grade.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>3. Should give a fairly adequate performance of duty when promoted to next higher grade.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          | RATER |  | INDORSER |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 5. Should give an outstanding performance when promoted to next higher grade. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Should give a competent and dependable performance when promoted to next higher grade.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Should give a fairly adequate performance of duty when promoted to next higher grade. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| RATER   |                                     | INDORSER                            |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
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| 5. Should give an outstanding performance when promoted to next higher grade.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 4. Should give a competent and dependable performance when promoted to next higher grade.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 3. Should give a fairly adequate performance of duty when promoted to next higher grade.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <b>SECTION V OVER-ALL VALUE</b>   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <p>What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">RATER</th> <th colspan="2">INDORSER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>9. The most outstanding officer I know.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>7. One of the ten highly outstanding officers I know.</td><td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>6. A very fine officer who is a great asset to the service.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>5. A competent, dependable officer of distinct value to the service.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>4. A typically effective officer.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>3. An acceptable officer whose value is limited in some respects.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>2. An officer who performs acceptably in a limited range of assignments but who could easily be replaced.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1. An officer who is not of the caliber that one should reasonably expect in an officer.</td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>   |                                     |                                     |                                     |   |                          |                          |                          |                          |                          | RATER |  | INDORSER |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. The most outstanding officer I know.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 7. One of the ten highly outstanding officers I know.                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. A very fine officer who is a great asset to the service.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. A competent, dependable officer of distinct value to the service.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. A typically effective officer.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. An acceptable officer whose value is limited in some respects.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. An officer who performs acceptably in a limited range of assignments but who could easily be replaced. | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | 1. An officer who is not of the caliber that one should reasonably expect in an officer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| RATER   |                                     | INDORSER                            |                                     |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
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| 6. A very fine officer who is a great asset to the service.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
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| 3. An acceptable officer whose value is limited in some respects.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 2. An officer who performs acceptably in a limited range of assignments but who could easily be replaced.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |
| 1. An officer who is not of the caliber that one should reasonably expect in an officer.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                          |                          |                          |                          |                          |       |  |          |  |                          |                          |                          |                          |   |                          |                                     |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                          |                          |                                     |   |                          |                          |                          |  |                          |                          |                          |   |                                     |  |                          |  |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |  |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |   |                          |                          |                          |                          |                          |

SECRET

13 August 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION  
SUBJECT : Major Lucien E. COMIN

Major Lucien E. COMIN is released by this Division  
for return to his parent military service effective 15 October  
1956. Major COMIN plans to take military leave from  
13 August through 30 September 1956. The period 1-15 October  
will be occupied with operational debriefings and final clear-  
ances processing.

ALVIN C. ULBRICH,  
Chief, Far East Division

|   |   |   |   |                                   |                                     |
|---|---|---|---|-----------------------------------|-------------------------------------|
| STANDARD FORM 52<br>FEDERAL GOVERNMENT<br>GENERAL REGULATIONS<br>APPOINTMENT OF PERSONNEL<br>GENERAL CHAPTER II   |   |   |   |                                   |                                     |
| <b>REQUEST FOR PERSONNEL ACTION</b>   |   | <b>UNVOUCHERED</b>  |   |                                   |                                     |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse. |   |   |   |                                   |                                     |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)   | 2. DATE OF BIRTH  | 3. REQUEST NO.  | 4. DATE OF REQUEST  |                                   |                                     |
| Major Lucien E. CONNIE  | 29 Nov. 1919  |   | 4 May 56  |                                   |                                     |
| 5. NATURE OF ACTION REQUESTED<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><br>Reassignment  | 6. EFFECTIVE DATE<br>A. PROPOSED:                             | 7. C. 3 OR OTHER<br>LEGAL AUTHORITY   |   |                                   |                                     |
| B. POSITION (Specify whether establish, change grade or title, etc.)  | B. APPROVED:<br>JUL 29 1956                                   |   |   |                                   |                                     |
| From—<br>Ops Officer PP BFF-210G<br>Major, USA  | 8. POSITION TITLE AND NUMBER<br>9. SERVICE, GRADE, AND SALARY | To—<br>R IO (FI) BFF-2775<br>Major, USA   |   |                                   |                                     |
| DOD/PF<br>Branch 4 - Indochina<br>Saigon Military Station<br>Field Team 'H'<br>Saigon Vietnam   | 10. ORGANIZATIONAL DESIGNATIONS<br>11. HEADQUARTERS           | DOD/PF<br>Branch 4 - Vietnam<br>Saigon Military Station<br>CI/FI Section<br>Saigon, Vietnam |   |                                   |                                     |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  | 12. FIELD OR DEPARTMENTAL                                     | <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL                        |   |                                   |                                     |
| 13. REMARKS (Use reverse if necessary)<br><br>T/O change - no change in supervisor  |   |   |   |                                   |                                     |
| 14. REQUESTED BY (Name and title)   |   | 15. REQUEST APPROVED BY   |   |                                   |                                     |
| S. P. CONNIE, T. J. CONNIE, M. CONNIE   |   | Signature _____<br>Title _____  |   |                                   |                                     |
| 16. ADDITIONAL INFORMATION (Name and telephone extension)<br>Branch 4 - 332   |   |   |   |                                   |                                     |
| 17. VETERAN PRE-EXISTENCE   |   | 18. POSITION CLASSIFICATION ACTION  |   |                                   |                                     |
| NON-VETERAN   | OTHER   | 1. NEW<br><input type="checkbox"/>  | 2. VICE<br><input type="checkbox"/>   | 3. FA<br><input type="checkbox"/> | 4. REAL<br><input type="checkbox"/> |
| <input type="checkbox"/>  | <input type="checkbox"/>                                      |   |   |                                   |                                     |
| 19. APPROPRIATION<br><input checked="" type="checkbox"/> 20. FROM 6-3725-55-039<br><input type="checkbox"/> TO _____  | 21. SUBJECT TO C. S.<br>RETIREMENT ACT<br>(YES-NO)            | 22. DATE OF APPOINTMENT<br>AFFIDAVITS<br>(ACCSSIONS ONLY)                                   | 23. LEGAL RESIDENCE<br>STATE:<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |                                   |                                     |
| IN STANDARD FORM 50 REMARKS   |   |   |   |                                   |                                     |
| 24. CLEARANCES  | INITIAL OR SIGNATURE  | DATE  | REMARKS   |                                   |                                     |
| A   |   |   |   |                                   |                                     |
| B. CEN. OR POS. CONTROL   |   |   |   |                                   |                                     |
| C. CLASSIFICATION   |   |   |   |                                   |                                     |
| D. PLACEMENT OR EMPL.   |   |   |   |                                   |                                     |
| E   |   |   |   |                                   |                                     |
| F. APPROVED BY  |   |   |   |                                   |                                     |

37133  
C. 332

APPROVAL OF SE50  
ACQUISITION OF CONFIDENTIAL  
ACTION

|   |   |  |   |
|---|---|--|---|
| RECOMMENDATION FOR HONOR AWARD<br>(REGULATIONS 4-20-635 & AFM 20-535)   |   |  | DATE<br>10 July 1953  |
| TO: Honor Awards Board  | THROUGH:<br>ACB   | FROM:<br>Chief of Service, Salina (Military)                                 |   |
| <b>SECTION I</b><br><b>PERSONAL DATA</b>  |   |  |   |
| NAME OF PERSON RECOMMENDED (LAST) (FIRST) (MIDDLE)  | POSITION TITLE<br>Major, USAF   |  |   |
| CRAIB, Lucien S.  |   | PERSONNEL, Officer   |   |
| OFFICE ASSIGNED TO<br>DD/7E-4   | STATION<br>Salina, Kansas   | HEADQUARTERS<br>Field (Specify locations)                                    |   |
| LEGAL RESIDENCE (number, street, city, zone, state)<br>1225 N. 10th St., Salina City, Kansas  |   |  | CITIZENSHIP AND HOW ACQUIRED<br>U.S. (Naturalized)                                |
| IF ANY OF THE ABOVE ITEMS WERE DIFFERENT FOR THE INDIVIDUAL RECOMMENDED AT THE TIME OF THE ACT OR SERVICE, INDICATE SUCH DIFFERENCES.<br>SA                         |   |  |   |
| RECOMMENDED AWARD<br>Distinguished Intelligence Medal   |   |  | POSTHUMOUS<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NAME OF NEXT OF KING<br>Lucien CRAIB  | RELATIONSHIP<br>Wife  | ADDRESS (number, street, city, zone, state)<br>1217 10th St., Salina, Kansas |   |
| IF PREVIOUS RECOMMENDATIONS WERE SUBMITTED FOR THIS ACT OR SERVICE, INDICATE TYPE OF AWARD RECOMMENDED, BY WHICH, DATE, ORIGINATING OFFICE, AND ACTION TAKEN.<br>SA |   |  |   |
| <b>SECTION II</b><br><b>RECOMMENDATION FOR AWARD FOR HEROIC ACTION</b>  |   |  |   |
| WERE YOU AN EYEWITNESS TO THE ACT?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | IF ORIGINATOR IS NOT AN EYEWITNESS, ATTACH AFFIDAVITS OR CERTIFICATES OF EYEWITNESSES OR INDIVIDUAL HAVING PERSONAL KNOWLEDGE OF THE FACTS. |  |   |
| PERSONNEL IN IMMEDIATE VICINITY OR WHO ASSISTED IN ACT OR SHARED IN SAME HAZARD:  |   |  |   |
| FULL NAME   | POSITION TITLE  | GRADE  | OFFICE ASSIGNED TO  |
| LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECOMMENDED FOR AWARD FOR PARTICIPATING IN ACT:   |   |  |   |
| FULL NAME   | TYPE OF AWARD   |  |   |
| CONDITIONS UNDER WHICH ACT WAS PERFORMED:   |   |  |   |
| LOCATION  | INCLUSIVE DATE  | TIME OF DAY  |   |
| PREVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED  |   |  |   |
| <b>SECTION III</b><br><b>RECOMMENDATION FOR AWARD FOR ACT OF BRAVERY OR SERVICE</b>   |   |  |   |
| OFFICE, COMMAND, OR STATION WHERE RECOMMENDED, DATE, AND LOCATION   |   |  |   |
| INCLUSIVE DATE FOR WHICH RECOMMENDED  | ASSIGNMENT  | IN SAME OR RELATED ASSIGNMENT  |   |

| SECTION IV<br>TO BE USED FOR ALL RECOMMENDATIONS  |   |
|---|---|
| <b>NARRATIVE DESCRIPTION OF [REDACTED] DEED (OR ACT) [REDACTED] ACHIEVEMENT PERFORMED (OR SERVICE RENDERED)</b><br><small>ABOVE THE PERTICULAR ACTION: WAS ACT VOLUNTARY? DESCRIBE WHY ACT WAS OUTSTANDING AND IF IT WAS MORE THAN NORMALLY EXPECTED.<br/>         INFLAMMABLE, OR IN AERIAL FLIGHTS, DESCRIBE TYPE AND POSITION OF AIRPLANE, CREW POSITION OF INDIVIDUAL, AND ALL UNUSUAL CIRCUMSTANCES. INDICATE DURATION OF ACT.</small><br><small>ABOVE THE ACHIEVEMENT OR SERVICE: TITLE AND DUTIES OF ASSIGNMENT, INCLUDING CHARACTER OF SERVICE DURING PERIOD FOR WHICH RECOMMENDED; GIVE COMPLETE DESCRIPTION OF TECHNICAL OR SPECIALIZED POSITIONS, INCLUDING DATES OF ASSIGNMENT AND GRADE; WHAT DID THE INDIVIDUAL DO THAT MERITS THE AWARD? WHY WAS THIS OUTSTANDING WHEN COMPARED TO OTHERS OF LIKE GRADE AND EXPERIENCE IN SIMILAR POSITIONS? INDICATE RESULTS OF ACHIEVEMENT OR SERVICE.</small> |   |
| <b>SEE BACK PAGE</b>  |   |
| <small>RELATIONSHIP OF PERSON INITIATING RECOMMENDATION TO PERSON BEING RECOMMENDED<br/>         (OR ACTIVITY)</small><br><br><small>LIST OF INCLUSIVES (Exclude proposed citation)</small><br><br><small>E.G. CHIEF WARRANT OFFICER, USAF</small>  | <small>NAME, POSITION TITLE, AND GRADE OF PERSON WRITING RECOMMENDATION</small><br><small>(E.G. CHIEF WARRANT OFFICER, USAF)</small><br><br><small>SIGNATURE</small><br><br><small>DATE</small> |

13 June 1976

LUCILLE CURRIE

1. Served with the Saigon Military Mission from 1 July 1958 to 28 April 1959; although he has served in Saigon at another station from September 1955 to date, he has voluntarily supported SSI activities in his spare time. Comain's major duties have been in the paramilitary field, with contributions and support to a wide variety of other activities.

2. In July and early August 1954, Comain served as associate to the Chief of SSI. As such, he helped in making contact with Vietnamese political underground groups in Tonkin and Cochinchina, assisted in the initial survey of the Vietnamese resistance potential in Tonkin, aided in SSI political efforts to stop the assassination of French military by Vietnamese revolutionaries and participated in developing SSI's contacts with the Vietnamese government.

3. In August 1954, additional paramilitary personnel reported for duty with SSI and it was decided to place a separate SSI team in Tonkin to attempt to recruit, train, and place Vietnamese stay-behind forces there prior to the turn-over of the area to the Communist Vietnamese under the Geneva Agreement. Accordingly, sabotage teams were set up in Hanoi, Haiphong, Lang Son, Muong Lay, and Ninh Binh provinces on Hanoi's behalf. These stay-behind organizations were later joined into the Vietnamese took over the North, August 1954, remaining of establishing these two Vietnamese domains in the course of overthrowing Tonkin. Important sabotage, within U.S. imposed limits, was successfully carried out.

4. One stay-behind organization was developed by Comain personally. He was successfully cached along the operational route in Tonkin, recruited secretly, infiltrated, supervised operational training, and secretly infiltrated the stay-behind organization into Tonkin, unsuccessfully prior to the last phase of the Vietnamese took over of shipping occurring 22 April 1955. All equipment was in place, for future use, by 14 January 1955, which had an initial risk of detection, since it had to be done during the impressionable period of Vietnamese secret security forces who plastered into revolutionary areas in Tonkin in the usual ways. Covery in all areas of operational and establishment over a 3-day period in March 1955.

5. Subsequent efforts included the organization of the civil service of the State Rail Company and its use, used by the Indian rebels. Such organizations were formed in India by the Indian National Congress Party and were organized into similar by SSI. Comain also had to be constituted in the last minute, so Indian could be used because the Indians rather than U.S. material resources. The

14-00000

Bus Company was accomplished with the witting help of its French manager, whose friendship was employed by Cousin; the actual operation was a unilateral operation by SMC.

6. The oil exfiltration took place just prior to the Vietnamese takeover of Hanoi on 9 October 1954. Cousin, assisted by Frank Carters, gained entry to stored drums of the Bus Company's lubricating oil, opened the drums, and started pouring in the container. Fumes from the container overcame them in the enclosed storage space. Upon reviving, the two placed barbed-wire cloths over their faces and completed the task.

7. Survey's and plans also were made for other sabotage missions, which were later cancelled by U.S. officials. His team was in place and capable of carrying out the missions.

8. On 11 January 1955, SMC had so multiple and complex a mission that personnel were reorganized into separate teams by operational duties rather than by geography. Cousin was appointed Chief of the White Team, which was responsible for all paramilitary and support operations. The latter included a skilled smuggling operation which successfully eluded Vietnamese security agents and the International Commission (Poles, Indians, Canadians). Cousin's close friendship with the French Foreign Legion and with Corsican underworld elements was of assistance.

9. In April 1955, Corsican contacts started developing a liaison between SMC and the Binh Xuyen (police, police, provost, and gendarmes) through French. This was an alternative to Cousin, since an easier cover operation was being conducted with the French. SMC, on French (police, police, provost, etc.) instructions, approached the Vietnamese National Army and the Binh Xuyen. It was a double play, since the State of Vietnam was to be the final target and also listed publicly by the High Nguyen and Vietnam's government and known by them. After several clandestine contacts, in which negotiations progressed through a report selection of the Binh Xuyen officials, the final contact was broken on 2 April by orders of the chief, SMC. Cousin was at the contact point when open fighting began and he fought in the extremity; it was during this Cousin would be advised, not yet told as a hostage. During the fighting an American USAF B-57 crashed or a limit commercial airplane was shot down by the Binh Xuyen, who captured the crew as an asset to the chief of SMC. The plane crashed accidentally with Cousin was the only survivor; USAF pilot deceased, the chief of staff of the Binh Xuyen, was dead. Cousin was released on the island of a boat, interrogated for a meeting, after he was presented the difficulties of the personality-less leadership officials; he left the way through the Binh Xuyen and joined the National Army; both sides hosts are expected only to indicate the situation. Cousin, known as a leader of SMC in dealing with the Binh Xuyen, was psychologized and eaten. Among the Binh Xuyen government officials by name).

10. Conain's practical solutions to problems, great resourcefulness, skill and knowledge of equipment as well as all phases of paramilitary operations, contributed materially to the success of the Saigon Military Mission in advancing U.S. objectives. Conain is a good, strong right-hand man in a tight spot and proved it in a number of tense situations during this assignment.

EDWARD G. LABEAL  
Colonel, USAF  
Chief, Saigon Military Mission

**SECRET**

26 June 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION

SUBJECT : Request for Orders -  
Major Lucien E. COMIN

REFERENCE : IN 33577, dated 22 June 1956

1. It is requested that cover military orders assigning Major Lucien E. Comin to MAAO, Vietnam TDY be amended to include the period from October 1955 to 24 July 1956. The amended orders should also authorize Major Comin to proceed from Saigon to Washington o/a 24 July 1956 via Paris, Frankfurt, and Geneva. Subject will report to Washington 1 August.

2. It is further requested that these orders be sent registered airmail to subject at the following address:

MAAG Box "S"  
APO 74  
San Francisco, Calif.

ALFREDO C. UIMER, JR.  
Chief, Far East Division

Lucien E. Conein

24 May 56.

Date of Rank: 27 Dec 50 (Promoted to Major in  
inactive reserve effective  
17 June 47).

As of 20 May 56 Army considering 26 Oct 50  
dates for LTC. No promotions yet but due  
momentarily. No 5% for C/A. DA Controlled.  
Conein probably be considered after May 57.

Above per  
LTC R.W. Allison  
C/MPD/Personnel  
Branch.

Edw

SÉCRET

AMENDMENT TO  
LETTER OF AUTHORIZATION FOR [REDACTED]

1956 Reference is made to your Letter of Authorization, effective 27 October 1955, which defines your relationship with the United States Government while you are on detail to this organization.

Effective 27 October 1956, said Letter is amended by adding subparagraph three (3) (c) which reads as follows:

"(c) It is anticipated that by virtue of your duties on this particular mission, you will be required to fulfill the minimum Department of the Army requirements necessary for the receipt of extra-hazardous duty pay. If such extra-hazardous duty payments are not made to you by the Army, you will receive from the Government the sum of \$110.00 per month in lieu of an identical amount you would have received for such extra-hazardous duty had you been on overt military duty abroad. You will be required to certify to the Government that you have actually fulfilled such requirements. If, upon completion of this present assignment, you have received one or more such monthly payments for which you have not fulfilled said monthly minimum requirements, you will return such payments to the Government. You will be required to pay income taxes on this amount."

All other terms and conditions of the letter remain in full force and effect.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

REVIEWED:

250861

14-00000  
**SECRET**

**LETTER OF AUTHORIZATION FOR [REDACTED] (S)**

*12 April 1956*  
**EFFECTIVE 27 October 1955**

1. Your parent military service has detailed you to another Governmental organization (hereinafter called 'this organization') and considers you permanently assigned to Washington, D. C., for temporary duty abroad for an indeterminate period. In recognition of the special mission to which you have been assigned, it is hereby agreed that the following rights, restrictions and obligations will be in force during the period you are performing this particular mission for this organization.
    2. You will be required to keep forever secret this Letter and all information which you may obtain in the course of your association with this organization (unless released in writing by this organization from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.
    3. It is specifically understood and agreed that you are a member of the Armed Forces of the United States and that you are entitled to retain from either the United States Army or this organization, only the military salary, allowances and other benefits which are commensurate with your military grade and post of assignment. You will continue to receive from the United States Army the base pay and longevity applicable to a married officer of your rank and length of service. Due to the cover and security considerations involved, you may be precluded from receiving certain of your military entitlements from your parent military service and upon appropriate certification thereto, this organization shall make such payments directly to you, as follows:
      - (a) In accordance with the Joint Travel Regulations, any overseas military station allowance which applies to your post of assignment (i.e. \$11.40 per present per diem rate \$2.20 for subsistence and \$1.14 for quarters, without dependents). If you are furnished quarters, you will not be entitled to receive the rental portion of the overseas military station allowances.
      - (b) Effective 1 March 1956, if applicable, a military family separation allowance in conformance with paragraph 6304 of the Joint Travel Regulations (presently \$1.16 per day). It is to be noted that this allowance is not payable for any period Government quarters are available to you.
- If this organization makes the above payments, you will receive from your parent military service the allowances applicable to a married officer of your rank permanently assigned to Washington, D. C. However, if during your overseas assignment with this organization, you and/or your dependents are furnished quarters, certification of that fact must be made to your parent military service, and you will be required to certify every six (6) months to this organization that you have not received your basic quarters allowance from your parent military service. If this organization does not make the above payments, you will receive from your parent military service the allowances applicable to the designated unit to which you will be assigned.

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4. If, as a direct result of your detail to this organization, you are precluded from utilizing available military travel, transportation or storage facilities, this organization will advance or reimburse you funds to insure that you are not deprived of your military entitlements as set forth and limited in the Joint Travel Regulations and the regulations of your parent military service. Therefore, authority is hereby granted to advance or reimburse you funds for the following expenses:

(a) Personal Travel. Travel expenses incurred by you (as defined in the Joint Travel Regulations) between permanent posts of duty. Such expenses shall be either the actual cost of transportation (as directed by this organization) and military per diem or the applicable mileage allowance as set forth in the Joint Travel Regulations, in conformance with the criteria established therein.

(b) Personal Baggage. Transportation (including priority baggage by surface transportation) and related expenses incurred in the course of permanent change of station and temporary duty travel, subject to the limitations set forth in applicable regulations of your parent military service and the Joint Travel Regulations, provided that if air travel is authorized and performed for permanent change of station travel, you will be entitled to ship unaccompanied 100 pounds of such baggage by air.

(c) Temporary Duty. Travel expenses incurred by you for authorized temporary duty travel. In addition to military per diem and in lieu of transportation, you may be reimbursed the applicable mileage allowance as set forth in the Joint Travel Regulations in conformance with the criteria established therein. You will be paid per diem in accordance with the Joint Travel Regulations.

All travel and transportation performed hereunder must be approved by appropriate authorities. Expenses payable by this organization hereunder are explicitly limited in kind and quantity to those expressly authorized above. Accounting and payment therefor will be made to and by this organization under applicable regulations.

5. You will be advanced or reimbursed funds for necessary operational expenses as specifically approved by this organization. Such funds will be subject to accounting in compliance with the regulations of this organization.

6. You will be entitled to leave in accordance with the policies of your parent military service. Upon the completion of your present assignment, you will be required to certify to your parent military service the number of days annual leave you have taken during your assignment with this organization.

7. If in the performance of services under this Letter you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situated, which property has in fact been purchased with monies of the United States Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by this organization to evidence this relationship.

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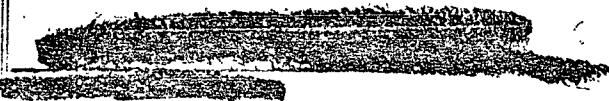
8. The conditions of this Authorization are predicated upon the assumption that you will be assigned to Viet-Nam under nominal military cover, and that you will continue under such cover for the duration of your overseas assignment with this organization. Any deviations from these facts will require a new Letter of Authorization or amendment thereto.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

ACKNOWLEDGED:

A horizontal redaction mark consisting of a thick, dark line with a slightly irregular, wavy texture, suggesting a physical stamp or a heavily redacted signature.

REVIEWED:

  
Caw  
Chief, Military Personnel Division

SECRET

SECRET

10 April 1956

MEMORANDUM FOR THE RECORD

SUBJECT: CONEIN, Lucien - Major

On 27 June 1955, Major Conein returned to Washington, D. C., after serving one year PCS at Saigon, Vietnam, where he was with the Saigon Military Mission under MAAG cover as Major, U.S. Army. Upon Major Conein's return it was decided that since no replacement had been found for him it would be necessary for him to return to Saigon under the same cover arrangements he used for his PCS, for a period of TDY. Major Conein was informed by CFE/4/Support and VN/Support Officer that CIA travel orders were being prepared authorizing him only 90 days TDY in Saigon. These orders were signed by C.V.Hulick, DDP/EXO, CFE, LCB, MPD, FE/CFI, CPI, and FE/BF. At the conclusion of the 90 days TDY no replacement had been found for Major Conein and he remained in Saigon. No amendment to his travel order was submitted; however, no extension by cable from Headquarters was sent to indicate that Major Conein was still TDY or PCS.

Upon checking with MPD it was found that Major Conein, if he remained in the field for even one year's TDY, would receive the maximum per diem rate as prescribed by FIR's (\$20 per day less 1/5 for quarters which were being furnished) and that this per diem rate could not be reduced. ACFE/4, ACFE/4/VN, and VN/Support Officer discussed the entire case and since Major Conein had been informed prior to his departure that he would remain in Saigon on TDY for 90 days only, a Form-52 was submitted reassigning Major Conein to a PCS status in Saigon, Vietnam effective 27 October 1955 (90 days after his TDY started). An amendment to the original travel order was submitted to show the change from TDY to PCS effective 27 Oct.

Major Conein has been informed of the fact that he was made PCS effective 27 Oct. 1955, per DIR , dated

SECRET

Bryna K. Nadler, FE/h/Support/VN

|   |  |  |  |
|---|--|--|--|
| STANDARD FORM 52<br>GLOBE AND MAIL<br>U. S. CIVIL SERVICE COMMISSION<br>GENERAL INFORMATION<br>SPECIAL CHARTER BY   |  | CLASS 37-232   |  |
| <b>REQUEST FOR PERSONNEL ACTION</b>   |  |  |  |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse. |  |  |  |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)   |  | 2. DATE OF BIRTH   |  |
| Major Lucien E. Colvin  |  | 23 Nov. 1927   |  |
| 3. DATE OF REQUEST  |  | 8 April 1955   |  |
| 4. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br>Separation   |  |  |  |
| 5. POSITION (Specify whether establish, change grade or title, etc.)  |  |  |  |
| FROM—<br>Area One Office<br>R. R. 2, Vicksburg  |  | 6. POSITION TITLE AND NUMBER<br>7. SERVICE GRADE AND SALARY  |  |
| TO—<br>Branch 3 - Transportation<br>Establishment - Motor Transport Service<br>Saigon, Vietnam  |  | 8. ORGANIZATIONAL DESIGNATIONS<br>9. HEADQUARTERS  |  |
| FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>  |  | 10. FIELD OR DEPARTMENTAL<br>FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>  |  |
| 11. REMARKS (Use reverse if necessary)<br><i>Subject can't PCS Saigon on 27 Oct 55 (due to 100+ days notice to start date)<br/>Excluded from PCS by 26 Oct 55</i>                       |  |  |  |
| 12. REQUESTED BY (Name and title)<br>Major Lucien E. Colvin, USCS   |  | D. REQUEST APPROVED BY<br>Colonel  |  |
| 13. ADDITIONAL INFORMATION (Name and telephone extension)<br>20 Jan 1956  |  | 14. APPROVAL & CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> FA <input type="checkbox"/> HEAI <input type="checkbox"/> |  |
| 15. SEX<br>Male   |  | 16. SUBJECT TO G.S. RETIREMENT ACT<br>(YES-NO)   |  |
| 17. RACE<br>White   |  | 18. DATE OF APPOINTMENT AFFIDAVITS<br>(ACCESSORIES ONLY)   |  |
| 19. STANDARD FORM 50 REMARKS  |  | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:  |  |
| 21. CLEARANCES  |  | INITIAL OR SIGNATURE DATE REMARKS  |  |
| 22. APPROVED BY   |  | F. APPROVED BY   |  |

SECRET

16 SEP 1955

MEMORANDUM FOR: Chief, FE

SUBJECT: Letter of Commendation - Major Lucien E. Conein

1. Request that the attached letter from the Secretary of the General Staff, with letter of commendation attached, be forwarded through official channels to Major Lucien E. Conein.
2. It will be noted that General Westmoreland has sent a copy of General Cabell's letter of commendation both to Major Conein's official 201 file and to his career branch, where it will be incorporated with his efficiency reports for consideration in selection for promotion or schooling.
3. This commendation in his official records should be of considerable assistance to Major Conein in his military career and we take pleasure in forwarding it to him.

*W.A. Hill*  
W. A. Hill  
Colonel, USA  
Chief, Military Personnel Division

Attachment - Ltr from Sec of GS  
dtd 11 Sep 55.

Ltr to S/A from  
Lt Gen Cabell, dtd  
27 Aug 55.

SECRET

VIA AIR  
(Specify Air or Sea Domicile)

DISPATCH NO. FV 10

*Revised  
w/R1  
12 Aug 68  
Doy*

**SECRET**

CLASSIFICATION

TO Senior Representative, Indochina  
FROM Chief, FE

SUBJECT **GENERAL Administrative - Personnel**  
**SPECIFIC Assignment of [REDACTED] and VILLIERS**

REF: a. SAIO 2922  
b. DIR 49205

1. Headquarters appreciates SLADE's reply to Ref b, and will make it a matter for the record. For SLADE's (and VILLIERS') information [REDACTED] has, in the course of his duties in Europe, come to the attention of the French, probably including the UNION organization. Naturally, his former KUTWIN record is well-known to UNION and he is personally acquainted, we have since learned, with TUTOR himself.
2. Headquarters appreciates, too, the probable reaction of TUTOR to the advent in the Indochina scene of VILLIERS, [REDACTED], and possibly other with similar histories. This is unavoidable and unfortunate; however, under the circumstances Headquarters considers their assignment a necessary risk.
3. In a "final" off-the-top-of-my-head kind of fashion, it can only be firmly stated that, in the case of [REDACTED] -- you, he was assigned to KU PARK by ODIBEX as a reserve officer on extended active duty. Full of [REDACTED] especially had been released back to ODIBEX, and had already been reassigned by ODIBEX. As this dispatch is being written, those ODIBEX orders are in process of being rescinded and new orders are being initiated assigning [REDACTED] to CIVILIAN.
4. In the case of VILLIERS, whose orders have just been received transferring him to Saigon, if indeed his previous KU PARK connection is known to TUTOR, it can only be stated that he, too, has been released back to ODUNIT, at their or ODEARL's request, in response to their urgent need for an experienced senior officer with his qualifications for a special mission in Indochina.

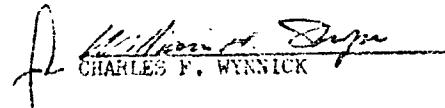
**SECRET**

CLASSIFICATION

SECRET

~~EMBASSY~~  
page 2

5. This movement of personnel from one agency to another is by no means an unheard-of thing. As you are aware, as in the case of French service officers assigned to the to the TUTOR ORG, so are selected military personnel assigned to KUBARK. Very recently two senior ODIBEX officers on the KUHOCK Senior Staff were released at ODIBEX request by KUBARK and subsequently transferred to ODTOWN, Thailand, with no further KUBARK connection.
6. In spite of sincere protestations and denials on your part, we realize of course that at least some bit of suspicion will linger on in TUTOR's mind and that these suspicions will not be allayed by even the most circumspect of routine contacts between persons in VILLIER's group and members of the SIM Staff. Such contacts are bound to occur, particularly if the VILLIERS group does indeed succeed in getting an HIARCADE program of any sort in motion. However, as we have stated, this is an accepted risk, and we have to play the game out, even though we cannot assess the possible damage to the SIM liaison.

  
CHARLES F. WYNICK

For the record, now!

SWTS

6 July 1954

15 May 1954

Distribution:

Addressees - Orig A 2

SECRET

| CUMULATIVE TRAINING RECORD  |  |  |  |  | DATE<br>3 August 1955 |
|---|--|--|--|--|-----------------------|
| NAME<br>Lucien E. Conein (Major)  |  |  | PROJECTED PERSONNEL ACTION   |  |                       |
|   |  |  | PROMOTION  | <input checked="" type="checkbox"/> REASSESSMENT | OTHER (Specify)       |
|   |  |  | ROTATION   | TRAVEL   |                       |
| FROM<br>Area Ops Off FE/Saigon, Major   |  |  | TO:<br>Area Ops Off F/Hai Phong Major  |  |                       |
|   |  |  | EOB  |  |                       |
|   |  |  | REMARKS:   |  |                       |
|   |  |  | <p>1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND<br/> <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING.</p> <p>2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.</p>  |  |                       |
|   |  |  | TRAINING OFFICER COMMENTS:   |  |                       |
|   |  |  | <p>A. THIS DOES (NOT) MEET TRAINING STANDARDS RE QUALIFICATION FOR THE PROJECTED ACTION.</p> <p><input type="checkbox"/> NO FURTHER TRAINING RECOMMENDED AT THIS TIME.</p> <p>B. SUBJECT IS CURRENTLY ENROLLED IN COURSES MARKED WITH AN "S". THE COMPLETION OF WHICH WILL SATISFY BASIC QUALIFYING STANDARDS.</p> <p>C. UNLESS SUBJECT HAS HAD PREVIOUS HQ. OR FIELD EXPERIENCE WHICH CAN BE ACCEPTED IN LIEU OF TRAINING, SUBJECT SHOULD BE REQUIRED TO TAKE <input type="checkbox"/> QUALIFYING <input checked="" type="checkbox"/> REFRESHER <input type="checkbox"/> IT TRAINING AS CHECKED AT THE LEFT.</p> <p><input type="checkbox"/> REQUEST <input type="checkbox"/> UPON RETURN TO HQ.</p> <p>D. VALUER AND CO. SHOULD BE REGISTRED FOR THOSE COURSES MARKED WITH A "P".</p> <p>E. RECOMMENDATIONS FOR ADDITIONAL TRAINING <input type="checkbox"/> HAVE <input type="checkbox"/> DATE THESE RECOMMENDATIONS HAVE NOT BEEN MET.</p> |  |                       |
|   |  |  | DIVISION TRAINING OFFICER  |  |                       |
|   |  |  | STAFF TRAINING OFFICER   |  |                       |
|   |  |  | <i>Fructu</i><br>Lucien E. Conein, CAPT/Officer<br>FROM: Career Management Officer   |  |                       |
| <p>I, above projected personnel action, have <input type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.</p> <p>Please Schedule these courses as soon as possible through your Division Training Officer or <input type="checkbox"/> coordinate with the Senior Staff Training Officer.</p> |  |  |  |  |                       |
|   |  |  | SUSPENSE OF CAREER MANAGEMENT OFFICER  |  |                       |

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## CLASSIFIED MESSAGE

DATE : 29 JUL 55

S-E-C-R-E-T

| ROUTING |                    |
|---------|--------------------|
| 1       | July 29 1955 CFE/1 |
| 2       | VN/UN 1/33         |
| 3       | VN/FI 1/33         |

TO : DIRECTOR  
 FROM : SAIGON  
 ACTION: FE 7  
 INFO : FI/RI 2, SSA, FD 3, OL/TD 2, OP 2, S/C 2

JUL 30 1955

CFE/1/VN 1/33  
 VN/FP 1/33  
 VN/OP 1/33  
 VN/PM 1/33  
 VN/FI 1/33

SAIG 7807 (IN 30141)

1657Z 29 JUL 55

ROUTINE

PRECEDENCE

CITE: SAIG

TO: DIR

TUSPUN ADMIN

FE/4/S *[Signature]*

ARRIVED SAIG 29 JULY 55.

END OF MESSAGE

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

COPY NO.

CLASSIFIED MESSAGE

DATE : 19 JUNE 1955

 SECRET

| ROUTINE |                  |
|---------|------------------|
| 1       | ✓ DeLoe (6/14)   |
| 2       | ✓ Charles (6/14) |
| 3       | ✓ Sney (6/14)    |

TO : DIRECTOR

FROM : SAIGON

ACTION: FE 7 JUN 20 1955

INFO : PT/ADMIN, FI/R1 2, PP 2, PP/OPS, SSA, FD 4, OL/TD 2, OP 3, S/C 2

C/VN PP  
 PM PP  
 PP PP  
FE 7/4/S CD

SAIG 7344 (IN 15400)

0308Z 20 JUN '55

ROUTINE  
PRIORITY

TO: DIR

CITE: SAIG

TUSPUN MILPERS

1. DELOE DEPARTED SAIG FOR WASH 19 JUNE.
2. DELOE RETURNED SAIG 17 JUNE.

END OF MESSAGE

*Concur*  
*DeLoe 201*

 SECRET

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE. CORDIALS.

SECRET

UNVOUCHERED

STANDARD FORM 52  
PROPERTY OF THE  
U. S. GOVERNMENT  
GENERAL CIVILIAN PERSONNEL  
GENERAL CHAPTER 10

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

|   |   |   |   |
|---|---|---|---|
| 1. NAME (Mr. - Miss - Mrs. - One given name, middle(s), and surname)<br><b>Major Liaison R. CORRIN</b>  | 2. DATE OF BIRTH<br><b>29 Nov. 1919</b> | 3. REQUEST NO.<br><b></b>   | 4. DATE OF REQUEST<br><b>1 Dec. 50</b>          |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b>  |   | 6. EFFECTIVE DATE<br>A. PROPOSED<br><b></b>   | 7. C. S. OR OTHER<br>LEGAL AUTHORITY<br><b></b> |
| 8. POSITION (Specify whether established, change grade or title, etc.)<br><b>Area Ops. Officer</b>  |   | 9. APPROVED:<br><b>JAN 12 1955 (PP)</b>   |   |
| <b>FROM—</b><br>Area Ops. Officer<br>Major USA<br>DDP/PK<br>Branch 6<br>Saigon Liaison Mission<br><br>Saigon, Indochina<br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |   | <b>TO—</b><br>Area Ops. Officer 277-2078<br>Major USA<br>DDP/PK<br>Branch 4 - IndoChina<br>Saigon Military Mission<br>Office of the Chief of Staff<br>Saigon, Indochina<br><br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |   |

A. REMARKS (Use reverse if necessary)

No fitness report necessary as subject's supervisor remains the same.

B. REQUESTED BY (Name and title)

C. REQUEST APPROVED BY

D. APPROVAL DATE (Initials)

Signature

Title:

13. VETERAN STATUS (Check one)

| NONE | WHITE | OTHER RACE | 14. EX-ELIGIBILITY CLASSIFICATION ACTION |       |     |     |    |      |
|------|-------|------------|--|-------|-----|-----|----|------|
|      |       |            | DISAB.                                   | OTHER | NEW | VIA | LA | REAL |

| 15. SEX | 16. RACE | 17. APPROPRIATION         | 18. SUBJECT TO C. S.<br>RETIREMENT ACT<br>(YES-NO) | 19. DATE OF<br>PENSION AFFILIATES<br>(ACCESSORIES ONLY) | 20. LEGAL RESIDENCE<br>STATE:                                    |
|---------|----------|---------------------------|--|---|--|
| MALE    | WHITE    | FROM<br>TO: 5-3789-55-033 | ✓  |   | <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |

21. STANDARD FORM 50 REMARKS

|                         |                         |      |         |
|-------------------------|-------------------------|------|---------|
| 22. CLEARANCES          | INITIAL OR SIGNATURE    | DATE | REMARKS |
| A.                      |                         |      |         |
| B. CECIL OR POS CONTROL |                         |      |         |
| C. CLASSIFICATION       |                         |      |         |
| D. PLACEMENT OR EMPL.   |                         |      |         |
| E.                      |                         |      |         |
| F. APPROVED BY          | <i>Donald L. Corbin</i> |      |         |

D. R. L. C.  
C. A. S.

50-1000000

SECRET

Convin

(P)

LETTER OF AUTHORIZATION FOR

1. Effective 1 July 1956, this Letter of Authorization will define your relationship with the United States Government while you are on detail from the United States Army to another Governmental organization (hereinafter called "this organization").

2. In recognition of the special mission to which you have been assigned, it is hereby agreed that the following rights, restrictions, and obligations will be in force during the period you are performing this particular mission for this organization:

(a) It is specifically understood and agreed that you are a member of the Armed Forces of the United States and that you are entitled to retain from either the U. S. Army or this organization, only the salary, allowances and other benefits which are commensurate with your military grade and post of assignment.

(b) As you will be assigned by the United States Army on bona fide military PCS orders to Indo-China, you will receive from your parent military service your base pay and longevity, and the allowances applicable to the designated unit to which you will be assigned.

(c) It is contemplated that you may be furnished transportation to and from your permanent post of duty overseas by your parent military service. In the event that such transportation is not so furnished, you will be advanced or reimbursed funds by this organization for said travel and transportation expenses and for authorized travel within your operational area. You will be entitled to per diem in lieu of subsistence in the course of this travel in accordance with applicable Government civilian travel regulations. All travel, transportation and per diem provided you under this paragraph by this organization must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with the regulations of this organization.

(d) In conformance with the Joint Travel Regulations, this organization will advance or reimburse you funds for the travel and transportation expenses of your dependents and your household effects from your present area of assignment to any place in the United States which you may designate. If authority is granted for your dependents to join you at your permanent post of duty overseas, this organization will advance or reimburse you funds for the travel and transportation expenses of your dependents and your household effects subject to the emergency restrictions of your parent military service; from the place so designated by you to your permanent post of duty overseas, and, upon completion of your assignment with this organization, from your permanent post of duty overseas to Washington, D. C. Your dependents will be entitled to per diem in the course of such overseas travel in accordance with applicable Government civilian travel regulations. The expenses incurred in the movement of your dependents and your household effects from said designated place in the United States to your permanent post of duty

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**SECRET**

overseas shall include transportation as indicated above and storage of such household effects as are not moved, provided that the total amount of household effects moved plus the total amount of household effects stored shall not exceed the total weight allowance prescribed (by the Joint Travel Regulations) for a major in the U. S. Army. All travel transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with the organization's regulations and, where applicable, the Joint Travel Regulations.

(e) You will be advanced or reimbursed funds for necessary operational expenses as specifically approved by this organization. Such funds will be subject to accounting in compliance with the regulations of this organization.

(f) It is anticipated that by virtue of your duties on this particular assignment for this organization you may be required to fulfill the minimum Department of the Army requirements necessary for the receipt of extra-hazardous duty pay (demolition pay). If such requirements are met and proper certification is made thereto, and if for security or operational reasons such payments cannot be made to you by your parent military organization, then, this organization will pay to you the sum of \$100.00 per month in lieu of an identical amount you would have received from the United States Army had you been on overt military duty abroad. Your mission chief, or a responsible senior mission official will be required to certify to this organization that the handling and exploding of demolitions is a requirement of your duty with this organization, that you have fulfilled the minimum Department of the Army regulations necessary for the receipt of such extra-hazardous duty pay, and that no payment therefor has been received by you from your parent military service.

(g) You will be entitled to leave in accordance with the policies of your parent military service. Upon the completion of your present assignment, you will be required to certify to your parent military service the number of days annual leave you have taken during your assignment with this organization.

(h) If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situated, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by this organization to evidence this relationship.

J. You will be required to keep forever secret this Letter and all information which you may obtain in the course of your association with this organization (unless released in writing by this organization from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws dated 25 June 1948, as amended, and other applicable laws and regulations.

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**SECRET**

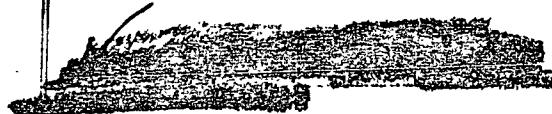
4. The conditions of this authorization are predicated upon the assumption that you will be assigned to Saigon, Indo-China under bona fide military cover, and that you will continue under such cover for the duration of your overseas assignment with this organization. Any deviation from these facts will require a new Letter of Authorization or amendment thereto.

UNITED STATES OF AMERICA

BY \_\_\_\_\_

Contracting Officer

ACKNOWLEDGED:



REVIEWED:

  
Chief of Military Personnel

**SECRET**

*11 Dec 53  
SCE/COL*

11 December 1953

MEMORANDUM FOR: Mr. John H. Richardson  
FROM: Major Lucien E. Conein

Attached hereto is a copy of a letter I am forwarding to Dick Helms. The letter in itself is self-explanatory.

I want you to know that my decision is in no way intended to reflect on you or the SE Division.

*Lucien Conein*

Attachment.

11 December 1953

Dear Dick,

You will recall that it was my intention in 1951 to civilianise and assume a staff position upon my return from Germany. Since my return last August, however, I have decided to return to the Army and, accordingly, I signed a statement of category to this effect on 1 December 1953.

This decision is in no way a reflection on you or members of your staff but rather recognition that I cannot afford to civilianise due to my personal obligations. I intend to inform John Richardson of my action at the same time you receive this letter.

Since I am at present holding a slot, I think it is only fair to all concerned to have it filled by a qualified person before my departure.

I want to thank you and Gordon for the trust you have given me in the past. You may rest assured that I will always be glad to be of service to the Agency in the military if the need should ever arise.

Yours truly,

## Geographic Area Known:

| Country or Region  | General or Special (Specify) | How Knowledge was acquired | When Acquired |
|--------------------|------------------------------|----------------------------|---------------|
| 1. THAILAND        | MILITARY                     | OSS IN W.W.II              | 1944 - 1945   |
| 2. LAOS - VIET NAM | MIL. POL.                    | OSS - CIA                  | 1970 - 1975   |
| 3. CHINA TIBET     | TRAVEL                       | SSU - CIA US ARMY ACIS     | 1970 - 1975   |

## Language Ability:

| Language   | Competence (R-Read; W-Write; S-Speak) | How Acquired (Reside, Native, Contact, Study) |
|------------|---------------------------------------|---|
| 1. ENGLISH | Native Fluent                         | Research Travel Limited                       |
| 2.         |                                       |   |
| 3.         |                                       |   |

## Employment History (Major Time Periods Only)

| Employer or Firm | Location | Job Description or Duties  | Inclusive Dates |
|------------------|----------|----------------------------|-----------------|
| 1. INTELLIGENCE  |          | INTELLIGENCE PRESS MANAGER | 1975 - 1980     |
| 2.               |          |                            |                 |
| 3.               |          |                            |                 |
| 4.               |          |                            |                 |
| 5.               |          |                            |                 |

Marital Status (M=Married, S=Single, D=Divorced, W=widow) Date of Marriage 22 MAR 1971 Place of Marriage DILLING, S.C.

| Dependents Name                      | Date of Birth         | Relationship          | Citizenship | Present Address |
|--------------------------------------|-----------------------|-----------------------|-------------|-----------------|
| 1. ELYZIA R                          | 1-11-21               | WIFE                  | USA (NAT)   |                 |
| 2. DAVID P                           | 11 APR 54             | SON                   | USA         |                 |
| 3. PHILIPPE                          | 16 NOV 59             | S-SON                 | USA         |                 |
| 4. DIVORCED MURIEL EICKING           | VETER DEC 47          | PARIS, FRANCE         |             |                 |
| 5. DIVORCED CHARLES L. H., 26 MAY 57 | YUKON, ALASKA, CANADA |                       |             |                 |
| 6. CHARLES M COLEMAN SUMMER SON      | USA                   | 4431 KENMORE AVE, VA. |             |                 |
| 7.                                   |                       |                       |             |                 |

Permanent Address & Phone 1905 N 10TH ST, KANSAS CITY, KANSAS

Alternate Address & Phone MRS. ESTELLE CONNELL 180 MONTEREY ST, LOS ANGELES, CALIFORNIA  
Name (P) SCHWICKRATH, MURTHE R True Name CONNELL, LUCILLE E.

## Special Qualifications (Pilot, Code radio operator, SCUBA Diver, etc.)

| Skill or Hobby      | Proficiency | Skill or Hobby | Proficiency |
|---------------------|-------------|----------------|-------------|
| 1. FREE FENCE PRACT | Good        | 2.             |             |
| 3.                  | 4.          |                |             |

## Operational or Combat Experience (W.W.II, Korea, Laos, Viet Nam, Other)

| Theater, Region, or Country | Time period | Assignments or Duties (Plat Ldr; Case Off; etc) |
|-----------------------------|-------------|---|
| 1. KOREA                    | 1950-1953   |   |
| 2. GERMANY                  | 1953-1954   |   |
| 3. VIET NAM                 | 1970-1975   | 103 AIR ASSAULT REGIMENT                        |

Military Service: Component U.S. ARMY Branch INF Date entry on Active Duty 22 DEC 1944

Total Period Active Duty 23 years Rank when separated 1st Lt Current Status P.D.TECH

Major Military Schools attended Major Military Assignments

| Type School & Name & Length | Date Completed | Duties (or Position) & Time Period Country   |
|-----------------------------|----------------|--|
| 1. QCS FT RUCKER (9 MO)     | JUL 93         | 1. INTELL-ACIS, COLD REG, 42-45, 60-71, I.A. |
| 2. SPECIAL MINING (6 weeks) | DEC 73         | 2. SPECIAL FORCES, NO 12-13-14 USA           |
| 3.                          |                | 3. INTELL-ACIS, 53-54, 60-61 I.A.            |
| 4.                          |                |  |

Agency Service: Date entry active duty Sept 61 Type employment ARREST AGENT - FBI J.A.G.

Agency Training Agency Assignments

| Type Training      | Period        | Date completed | Duties    | Time Period | Country (a) |
|--------------------|---------------|----------------|-----------|-------------|-------------|
| 1. FL OPS          | OCT 73        | 1. FL OPS      | 1970-1973 | GERMANY     |             |
| 2. RTO, FL, FL OPS | Aug & Sept 73 | 2. FL OPS      | 1970-1973 | VIECHNAU    |             |
| 3.                 |               | 3. FL OPS      | 1970-1973 |             |             |
| 4.                 |               |                |           |             |             |

Education: Highest level & date attained 77 HIGH SCHOOL Citizenship U.S. NAT. 5326522  
Date of Birth 17 NOV 1944 Place of Birth PARIS, FRANCE

Date Available for re-assignment Special Clearances 1970-1975

Name (P) SCHWICKRATH, MURTHE R Current Assignment FBI J.A.G.

SECRET  
(When Filled In)

| 1. PERS. SERIAL NO.   |  | BIOGRAPHIC PROFILE (PART I)                       |                                  |                                      |                            |               |  |
|---|--|---|----------------------------------|--------------------------------------|----------------------------|---------------|--|
| 2. NAME (Last-First-Middle)<br><b>Conein, Lucien E.</b>   |  |   | 3. SEX                           | 4. DATE OF BIRTH                     | 5. LONGEVITY COMP. DATE    |               |  |
| 6. MARITAL STATUS<br><b>Married</b>   | 7. DEPENDENT(S)<br>(Exclud. em-<br>ployee) | 8. NO. YEAR(S) OF BIRTH                           | 9. US NATURALIZATION DATE(S)     |                                      |                            |               |  |
| 10. CAREER<br>STAFF<br>STATUS   | 11. MEMBERSHIP                             | 12. OTHER STATUS                                  | 13. LAST MED. RPT.               | 14. QUAL. FOR                        | 15. SPOUSE                 | 16. EVAL. FOR |  |
| 17. CURRENT<br>RESERVE<br>STATUS  | 18. HOME SERVICE                           | GRADE   | ACTIVE DUTY<br>WITH CIA<br>CAT-1 | RELEASE TO<br>MIL. SER.<br>CAT-2     | TO BE<br>DEFERRED<br>CAT-3 | 19. RETIRED   |  |
| 20. ASSESSMENT DATE   |  | 21. PROFESSIONAL TEST DATE                        |                                  | 22. LANGUAGE APTITUDE TEST DATE      |                            |               |  |
| 23. NON-CIA EMPLOYMENT<br><b>Sep 1941-Sep 1961, U.S. Army, Lt. Col. Retirement mili<br/>1943-1956, Military detail to CIA</b> |  |   |                                  |                                      |                            |               |  |
| 24. NON-CIA EDUCATION<br><b>High School, did not graduate<br/>1949-53, Univ of Maryland, 77 sem hours</b>                     |  |   |                                  |                                      |                            |               |  |
| 25. FOREIGN<br>LANGUAGE<br>ABILITIES<br>(Language, Profi-<br>ciency, Date Tested)   | <b>French - fluent</b>                     |   |                                  |                                      |                            |               |  |
| 26. AGENCY SPONSORED TRAINING<br><b>1951 - Operations training</b>  |  |   |                                  |                                      |                            |               |  |
| 27. CIA EMPLOYMENT HISTORY SINCE 10 SEP 1957 (Personnel Actions, Military Orders, and Principal Details)                      |  |   |                                  |                                      |                            |               |  |
| EFFECTIVE DATE  | POSITION TITLE & OCCUPATIONAL CODE         | GRADE   | SM                               | ORGANIZATION & CHASS. TITLE (If Any) | LOCATION                   |               |  |
| Nov 1961  | Career agent PMOPS                         | 13  |                                  | DDP/SOD                              |                            |               |  |
| Jan 1962  | " " "                                      | 13  |                                  | DDP/FE                               |                            |               |  |
| Apr 1963  | " " "                                      | 14  |                                  | " "                                  | Hqs<br>Saigon              |               |  |
| 28. DATE REVIEWED<br>Dec 1966   | 29. PROFILE REVIEWED BY<br>SOD/Pers/MTC    | 30. TIME 1-16 REVIEWED BY<br>VERIFIED BY EMPLOYEE |                                  |                                      |                            |               |  |

**SECRET**

**BIOGRAPHIC PROFILE**

**Conein, Lucien E.**

**DOB: 29 November 1919**

**Married: Three sons, born 1950, 1958, 1959**

**Naturalized U.S. Citizen, 11 Aug 1942 (Formerly French Citizen)**

**EOD: 12 November 1961**

**Current Reserve Status: U.S. Army Retired Reserves**

**Non-CIA Employment:**

1935-1940 - Printing, Pressman and Typesetter, F.R. Buckley  
Sept 1941 - Sept 1961 - U.S. Army, Lt./Col., Infantry

**Non-CIA Education and Training**

Mar-April 1943 - OCS, Ft. Benning, Ga.

Nov 1943 - Mar 1944 - British Airborne School

1949-1953 - University of Maryland, Mil. Science 77 Sem/hrs.

1956 - Special Warfare School, Ft. Bragg, N.C.

**Foreign Languages:**

French-Fluent-Native of Country

**Agency Sponsored Training:**

Paramilitary Training

**CIA Employment:**

July 13-Dec 1945 - OSS-Special Mission to France and  
Indochina

Jan 46-Jan 1951 - CIA Mission to Germany

Nov 51-May 1952 - CIA-Chief of Nuernberg Operations Base

1954-1956 - Detailed to CIA-Saigon Military Mission

12 Nov 1961 - EOD as Career Agent

19 Mar 1963 - Promoted to GS-14 step two equivalent

**Special Qualifications:**

Served as Military Liaison to J-2 SCS, Iranian Army  
1959-1961

**SECRET**