

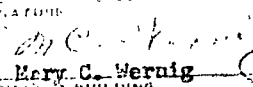
SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST	
1. NAME (Last, First, Middle) BROE, William V.		7 April 1970	
2. POSITION TITLE Chief, WILD		4. GRADE (Ops Ofc) GS-18	
3. OFFICE, DIVISION, BRANCH DDT/WI/Chief		5. EMPLOYEE'S EXT. 5103	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY Latin America  <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"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px;">           ETD            STATION            TDY OR PCS            TYPE OF COVER            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (If block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE Judy Kassler ROOM NO. & BUILDING 3D 3102 Hqs EXT. 5671	

10. COMMENTS  Mr. Broe's clearance for TDY standby expires May 1970.	
11. REPORT OF EVALUATION  Qualified for tdy standby until May 1971.	
DATE 31 July 1970	SIGNATURE FOR CHIEF OF MEDICAL STAFF Don Farley PRO/ONS

**SECRET**  
(When Filled In)

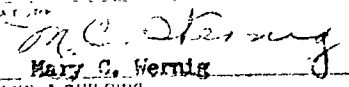
<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>18 Oct 1968</b>
2. NAME (Last, First, Middle) <b>EBOR, William V.</b>	3. POSITION TITLE <b>Ops Officer</b>	4. GRADE <b>CS-18</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WR/Chief</b>		6. EMPLOYEE'S EXT. <b>5103</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY <b>Latin America</b>  <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"/> HQS/TOY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         ETO          STATION          TDY OR PCS          TYPE OF COVER  <b>State</b>          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">         STA          STATION          NO. OF DEPT'S       </div>	
8. OVERSEAS PLANNING EVALUATION (this block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <b>Mary C. Wernig</b> ROOM NO. & BUILDING <b>305309</b> EXT. <b>1516</b>
10. COMMENTS		
EXPIRY: 3 FOR TDY STANDBY UNTIL <b>May 70</b> <b>DONALD FARLEY</b>		
11. REPORT OF EVALUATION		
DATE <b>11-2-69</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>1. DATE OF REQUEST</b> 17 Oct 1968
<b>2. NAME (Last, First, Middle)</b> BROE, William V.	<b>3. POSITION TITLE</b> Ops. Officer	<b>4. GRADE</b> GS-18
<b>5. OFFICE, DIVISION, BRANCH</b> DDP/WH/Chief		<b>6. EMPLOYEE'S EXT.</b> 5103
<b>7. PURPOSE OF EVALUATION</b>		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> HQQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px;">         ETD          24 Oct - 31 Oct 68          STATION          London          TDY OR PCS          TDY          TYPE OF COVER          State          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">         ETA          STATION          NO. OF DEP.'S       </div>	
<b>8. OVERSEAS PLANNED EVALUATION (this block must be checked)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>9. REQUESTING OFFICER</b> SIGNATURE Mary C. Wernig ROOM NO. & BUILDING 305309 EXT. 1516

<b>10. COMMENTS</b>	
QUALIFIED FOR PROPOSED TDY DONALD FARLEY	
<b>11. REPORT OF EVALUATION</b>	
DATE 10 22 68	SIGNATURE FOR CHIEF OF MEDICAL STAFF

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>1. DATE OF REQUEST</b> 15 Nov 1967																			
<b>2. NAME (Last, First, Middle)</b> BROE, William V.		<b>3. POSITION TITLE</b> C/WH (Ops. Off.)																			
<b>4. GRADE</b> GS-18		<b>5. OFFICE, DIVISION, BRANCH</b> DDP/WH/ Chief																			
<b>6. EMPLOYEE'S EXT.</b> 5103																					
<b>7. PURPOSE OF EVALUATION</b>																					
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> TDY  <input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>STD</td></tr> <tr><td>27 Nov - 1 Dec. 1967</td></tr> <tr><td>STATION</td></tr> <tr><td>London, England</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TDY</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>State</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEPENDENTS REPORTS OF MEDICAL HISTORY (See 42) Attached</td></tr> <tr><td></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1"> <tr><td>STD</td></tr> <tr><td></td></tr> <tr><td>STATION</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEPENDENTS</td></tr> <tr><td></td></tr> </table>		STD	27 Nov - 1 Dec. 1967	STATION	London, England	TDY OR PCS	TDY	TYPE OF COVER	State	NO. OF DEPENDENTS TO ACCOMPANY		NO. OF DEPENDENTS REPORTS OF MEDICAL HISTORY (See 42) Attached		STD		STATION		NO. OF DEPENDENTS	
STD																					
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NO. OF DEPENDENTS REPORTS OF MEDICAL HISTORY (See 42) Attached																					
STD																					
STATION																					
NO. OF DEPENDENTS																					
<b>8. OVERSEAS PLANNING EVALUATION (One block must be checked)</b>		<b>9. REQUESTING OFFICER</b>																			
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  Mary C. Wernig ROOM NO. & BUILDING 305313																			
		EXT. 1516																			

<b>10. COMMENTS</b>	
Mr. Broe has just had executive medical.	
(already scheduled)	
<b>11. REPORT OF EVALUATION</b>	
<b>DATE</b>	<b>SIGNATURE FOR CHIEF OF MEDICAL STAFF</b>

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>2 November 67</b>
2. NAME (Last, First, Middle) <b>Broe, William V.</b>		3. POSITION TITLE <b>Ops Officer/WH/Chief</b>
4. GRADE <b>GS-18</b>		5. EMPLOYEE'S EXT. <b>5103</b>
6. OFFICE, DIVISION, BRANCH <b>DDP/WH/Chief</b>		
<b>7. PURPOSE OF EVALUATION</b>		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL (Executive)  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY  <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (Check block if not checked) <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER SIGNATURE  ROOM NO. & BUILDING EXT.		10. COMMENTS <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;"> <i>Rechecked for duty entry screening 0900 17 Nov 67              1015 22 Nov 67</i> </div>
11. REPORT OF EVALUATION		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>1, May 1967</b>														
2. NAME (Last, First, Middle) <b>BROF, William V.</b>		3. POSITION TITLE <b>Ops Officer/AM Chief</b>														
4. OFFICE, DIVISION, BRANCH <b>DDP/MH/</b>		5. GRADE <b>GS-18</b>														
		6. EMPLOYEE'S EXT. <b>5103</b>														
<b>7. PURPOSE OF EVALUATION</b>																
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETO</td></tr> <tr><td><b>15 - 18 May 1967</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>Panama City</b></td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>TDY</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td><b>State</b></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>			ETO	<b>15 - 18 May 1967</b>	STATION	<b>Panama City</b>	TDY OR PCS	<b>TDY</b>	TYPE OF COVER	<b>State</b>	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	ETA	STATION	NO. OF DEP.'S
ETO																
<b>15 - 18 May 1967</b>																
STATION																
<b>Panama City</b>																
TDY OR PCS																
<b>TDY</b>																
TYPE OF COVER																
<b>State</b>																
NO. OF DEPENDENTS TO ACCOMPANY																
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																
ETA																
STATION																
NO. OF DEP.'S																
8. OVERSEAS PLANNING EVALUATION (Date & place must be checked)  <input type="checkbox"/> YES  <input type="checkbox"/> NO		9. REQUESTING OFFICER SIGNATURE <div style="text-align: center;"><b>Mary C. Vernig</b></div> ROOM NO. & BUILDING <div style="text-align: center;"><b>3D5313</b></div> EXT. <div style="text-align: center;"><b>6015</b></div>														

10. COMMENTS  <b>QUALIFIED FOR PROPOSED TDY</b>	
11. REPORT OF EVALUATION  <b>REX HARRIS</b>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

PL 1  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>ERDE, William V.</b>		9 January 1967
3. OFFICE, DIVISION, BRANCH <b>DDP/WH/Chief</b>		4. GRADE <b>GS-18</b>
		5. EMPLOYEE'S EXT. <b>5103</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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 checked="" type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETO  <b>29 Jan - 25 February 1967</b>            STATION  <b>See comments *</b>            TDY OR PCS  <b>TDY</b>            TYPE OF COVER  <b>State</b>            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		EXT.
SIGNATURE <i>Mary C. Hardy</i> <b>Mary C. Hardy</b>		6815
ROOM NO. & BUILDING <b>305313</b>		

10. COMMENTS  <b>Panama City, San Jose, Managua, Tegucigalpa, San Pedro Sula, San Salvador, Guatemala City.</b>	
11. REPORT OF EVALUATION	
QUALIFIED FOR PROPOSED TDY	
DATE SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>GREG HART</b>	

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
		28 November 1966
2. NAME (Last, First, Middle)	3. POSITION TITLE	4. GRADE
Butt, William V.	Ops Off/Asst/Chief	GS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.
DDP/AT		5103
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           ETD            5 Dec - 16 Dec            STATION            London, England            TDY OR PCS            TDY            TYPE OF COVER            Tourist            NO. OF DEPENDENTS TO ACCOMPANY              NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           ETA              STATION              NO. OF DEP.'S         </div>	
A. OVERSEAS PLANS NO EVALUATION REQUIRED (When Filled In)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE		3. FILED STANDING
Mary C. Vernie		
ROOM NO. & BUILDING	EXT.	
223107	4835	

10. COMMENTS	
QUALIFIED FOR CURRENT DUTIES	
W-REX HART	
11. REPORT OF EVALUATION	
QUALIFIED FOR PROPOSED TDY	
W-REX HART	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
11-25-69	



**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
		28 Sep 1966
2. NAME (Last, First, Middle) <b>BROOK, William V.</b>		3. POSITION TITLE <b>Ops Officer/Br. Chief</b>
4. OFFICE, DIVISION, BRANCH <b>DDP/WH/Chief</b>		5. GRADE <b>GS-16</b>
		6. EMPLOYEE'S EXT. <b>68 5103</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         STD  <u>9 Oct - 20 Oct 1966</u>          STATION  <u>Mexico City, Mexico</u>          TDY OR PCS  <u>TDY</u>          TYPE OF COVER  <u>Tourist</u>          NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (OF 89) ATTACHED    </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">         ETA            STATION            NO. OF DEP.'S    </div>	
8. OVERSEAS PLANNING EVALUATION (If assignment is overseas)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE OF REQUESTING OFFICER <u>Mary C. Hearn</u> ROOM NO. & BUILDING <u>303107</u>		EXT. <u>6815</u>
10. COMMENTS <div align="right" style="margin-top: 10px;"> <b>QUALIFIED FOR PROPOSED TDY Mexico</b>  <b>REX HART</b> </div>		
11. REPORT OF EVALUATION		
DATE <u>11 21 66</u>		SIGNATURE FOR CHIEF OF MEDICAL STAFF

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		23 August 1965	
2. NAME (Last, First, Middle)		3. POSITION TITLE	
Bres, William Vincent		C/MI Operations Off.	
4. GRADE		5. EMPLOYEE'S EXT.	
GS-18		5103	
6. OFFICE, DIVISION, BRANCH			
C/MI/D			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" 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 checked="" type="checkbox"/> MDOS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">           ETD            7 Sept. 1965            STATION            Santo Domingo, Dom. Rep.            TDY OR PCS            TYPE OF COVER            TDY            NO. OF DEPENDENTS TO ACCOMPANY            State            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING - EVALUATION (When Filled In)			
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <i>John H. Long</i> ROOM No. & BUILDING <i>John H. Long</i> EXT. <i>6576</i>	
9. COMMENTS			
<b>QUALIFIED FOR PROPOSED TDY</b> <b>JOE W. CLINE</b>			
10. REPORT OF EVALUATION			
DATE 1965		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>12 Sept. 1966</b>
2. NAME (Last, First, Middle) <b>Broe, William V.</b>		3. POSITION TITLE
3. OFFICE, DIVISION, BRANCH <b>WH</b>		4. GRADE <b>GS-18</b>
5. PURPOSE OF EVALUATION <b>Form 3B 4103</b>		6. EMPLOYEE'S EXT. <b>5103</b>
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY  <input checked="" type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HOOB/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         STD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 85) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">         RTA          STATION          NO. OF DEP.'S       </div>	
7. OVERSEAS PLANNING EVALUATION (One choice must be checked.)		8. REQUESTING OFFICER
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE
		ROOM NO. & BUILDING      EXT.
10. COMMENTS  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">QUALIFIED FOR CURRENT DUTIES</div>		
11. REPORT OF EVALUATION  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">REX HART</div>		
DATE: <b>11/21/66</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST													
2. NAME (Last, First, Middle) BROE, William V.		15 December 1965													
3. POSITION TITLE Ops Officer/WH/Chief	4. GRADE GS-17														
5. OFFICE, DIVISION, BRANCH DDP/WH/Chief		6. EMPLOYEE'S EXT. 5103													
7. PURPOSE OF EVALUATION															
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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 checked="" type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"><tr><td>STD</td></tr><tr><td>13 Jan - 3 Feb 1966</td></tr><tr><td>STATION</td></tr><tr><td>See comment</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TDY</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>State</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>		STD	13 Jan - 3 Feb 1966	STATION	See comment	TDY OR PCS	TDY	TYPE OF COVER	State	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	ETA	STATION	NO. OF DEP.'S
STD															
13 Jan - 3 Feb 1966															
STATION															
See comment															
TDY OR PCS															
TDY															
TYPE OF COVER															
State															
NO. OF DEPENDENTS TO ACCOMPANY															
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED															
ETA															
STATION															
NO. OF DEP.'S															
8. OVERSEAS PLANNING EVALUATION (One block must be checked)															
9. REQUESTING OFFICER															
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO	SIGNATURE Mary C. Hornig ROOM NO. & BUILDING 6815 EXT. 6815														
10. COMMENTS * Caracas, Venezuela; Quito, Ecuador; Bogota, Columbia; La Paz, Bolivia and Lima, Peru.															
11. REPORT OF EVALUATION															
QUALIFIED FOR TDY STANDBY UNTIL 1/1/66															
SIGNATURE FOR CHIEF OF MEDICAL STAFF REX HART															

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST														
2. NAME (Last, First, Middle) <b>BROE, William V.</b>		7 October 1965														
3. POSITION TITLE <b>Operations Officer</b>		4. GRADE <b>GS-18</b>														
5. OFFICE, DIVISION, BRANCH <b>DDP/Chief of Division</b>		6. EMPLOYEE'S EXT. <b>5103</b>														
7. PURPOSE OF EVALUATION																
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" 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 checked="" type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"><tr><td>ETO</td></tr><tr><td>23 - 26 October 65</td></tr><tr><td>STATION</td></tr><tr><td>Panama City, Panama</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TDY</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>State</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>		ETO	23 - 26 October 65	STATION	Panama City, Panama	TDY OR PCS	TDY	TYPE OF COVER	State	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	ETA	STATION	NO. OF DEP.'S
ETO																
23 - 26 October 65																
STATION																
Panama City, Panama																
TDY OR PCS																
TDY																
TYPE OF COVER																
State																
NO. OF DEPENDENTS TO ACCOMPANY																
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																
ETA																
STATION																
NO. OF DEP.'S																
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER														
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Mary C. Harnig</i> <b>Mary C. Harnig</b> ROOM NO. & BUILDING <b>GH-56</b> EXT. <b>6015</b>														
10. COMMENTS																
11. REPORT OF EVALUATION																
QUALIFIED FOR TDY STANDBY UNTIL <b>Feb 67</b> <b>REX HART</b> DATE <b>10 12 65</b> SIGNATURE FOR CHIEF OF MEDICAL STAFF																

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>19 AUGUST 1965</b>
2. NAME (Last, First, Middle) <b>BROE, WILLIAM VINCENT</b>	3. POSITION TITLE <b>OPERATIONS OFFICER</b>	4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.
<b>7. PURPOSE OF EVALUATION</b>		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED       </div> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (See block must be checked)  <input type="checkbox"/> YES <input type="checkbox"/> NO		9. REQUESTING OFFICER SIGNATURE  ROOM NO. & BUILDING EXT.
10. COMMENTS  <div style="text-align: center;"> <b>QUALIFIED FOR TDY STANDBY</b>  <b>UNTIL Feb 67</b>  <b>JOE V. OSINE</b> </div>		
11. REPORT OF EVALUATION  DATE <b>19 8 65</b> SIGNATURE FOR CHIEF OF MEDICAL STAFF		

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>14 Feb 1961</b>	
2. NAME (Last, First, Middle) <b>BRCS, William V.</b>		3. POSITION TITLE <b>Operations Officer</b>	4. GRADE <b>GS-16</b>
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.	
<b>7. PURPOSE OF EVALUATION</b>			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> HQS/TDY <b>TDY</b> <input checked="" type="checkbox"/> OVERSEAS <del>XXXXXXXX</del> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETO  <b>1 March 1961</b>          STATION  <b>Tokyo</b>          TDY OR PCS  <b>TDY</b>          TYPE OF COVER  <b>State Depart.</b>          NO. OF DEPENDENTS TO ACCOMPANY  <b>0</b>          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  <b>0</b> </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETO          STATION          NO. OF DEP.'S       </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <b>R.E. Gmelley, CPE/PE/PCS-PIA</b> ROOM NO. & BUILDING <b>2303 J</b>	
		DATE <b>1400</b>	

10. COMMENTS	
11. REPORT OF EVALUATION	
<b>QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED TDY O/S ASSIGNMENT</b>	
DATE	1 MAR 1961
SIGNATURE FOR CHIEF OF MEDICAL STAFF 	

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST												
2. NAME (Last, First, Middle) <b>ERCE, William V.</b> (STATE TIT)		6 Dec 1960												
3. POSITION TITLE <b>COS, Tokyo</b>	4. GRADE <b>OS-16</b>													
5. OFFICE, DIVISION, BRANCH <b>DOP/FE/JAO</b>		6. EMPLOYEE'S EXT. <b>3941</b>												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <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 checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>ETO</td><td><b>1 June 1961</b></td></tr> <tr><td>STATION</td><td><b>Tokyo</b></td></tr> <tr><td>TDY OR PCS</td><td><b>PCS</b></td></tr> <tr><td>TYPE OF COVER</td><td><b>State</b></td></tr> <tr><td colspan="2">NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td colspan="2">NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETO	<b>1 June 1961</b>	STATION	<b>Tokyo</b>	TDY OR PCS	<b>PCS</b>	TYPE OF COVER	<b>State</b>	NO. OF DEPENDENTS TO ACCOMPANY		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
ETO	<b>1 June 1961</b>													
STATION	<b>Tokyo</b>													
TDY OR PCS	<b>PCS</b>													
TYPE OF COVER	<b>State</b>													
NO. OF DEPENDENTS TO ACCOMPANY														
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED														
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER												
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <i>Edward N. Collette</i> <b>EDWARD N. COLLETTE, DOP/FE/JAO</b> ROOM NO. & BUILDING <b>23137</b> EXT. <b>6102</b>												

10. REPORT OF EVALUATION	
<p align="center"><b>QUALIFIED FOR PROPOSED PCS O/S ASSIGNMENT</b></p>	
DATE <b>15 DEC 1960</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>



**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) <b>BROF, William Vincent</b>		3. POSITION TITLE <b>DCPK</b>						
4. GRADE <b>GS-16</b>		5. EMPLOYEE'S EXT. <b>3942</b>						
6. OFFICE, DIVISION, BRANCH <b>DDP/PR/Office of Chief</b>								
7. PURPOSE OF EVALUATION								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PRE-EMPLOYMENT   <input type="checkbox"/> ENTRANCE ON DUTY   <input type="checkbox"/> OVERSEAS RETURN   <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 </div> <div style="width: 50%;"> <input type="checkbox"/> OVERSEAS ASSIGNMENT   <table border="1" style="width: 100%;"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table> </div> </div>			ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETO								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED								
8. EVALUATION PLANNING EVALUATION (One only must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE						
		ROOM NO. & BUILDING						
		EXT.						

10. REPORT OF EVALUATION	
DEPARTMENTAL DUTIES _____	
DATE <b>14 JUL 1960</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>Robert C. Kennedy</i>

**SECRET**  
(WHEN FILLED IN)

## REQUEST FOR MEDICAL EVALUATION

1. NAME (LAST) <b>BRICE</b> (FIRST) <b>William</b> (MIDDLE) <b>V.</b>			2. DATE OF REQUEST <b>24 February 1959</b>
3. POSITION TITLE <b>DCFE</b>	4. OFFICE, DIVISION AND BRANCH <b>DDP/P2/Office of Chief</b>		5. GRADE <b>GS-16</b>
6. REQUESTING OFFICER <b>Frank T. Briceall</b>	7. BUILDING AND ROOM NO. <b>2303J</b>		8. EXTENSION <b>4009</b>

TYPE OF EVALUATION AND REPORT	
<p>9. TYPE OF EVALUATION</p> <p><input type="checkbox"/> PRE-EMPLOYMENT</p> <p><input type="checkbox"/> ENTRANCE ON DUTY</p> <p><input type="checkbox"/> OVERSEAS</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             ETO              STATION              TDY-PCS           </div> <p><input type="checkbox"/> OVERSEAS RETURN</p> <p><input checked="" type="checkbox"/> TDY STANDBY</p> <p><input type="checkbox"/> SPECIAL TRAINING</p> <p><input checked="" type="checkbox"/> ANNUAL <b>Scheduled for March 3, 1959</b></p> <p><input type="checkbox"/> RETURN TO DUTY</p> <p><input type="checkbox"/> PENDING FOR DUTY</p> <p><input type="checkbox"/> MEDICAL RETIREMENT</p>	<p>10. OVERSEAS PLANNING EVALUATION DESIRED IN ACCORDANCE WITH R 15-200</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <div style="margin-top: 20px;"> <p align="center"><b>0830</b></p> <p align="center"><i>Handwritten notes and signatures</i></p> </div>

<p>9A. REPORT OF MEDICAL EVALUATION</p> <p><input checked="" type="checkbox"/> QUALIFIED</p> <p><input type="checkbox"/> DISQUALIFIED</p>	<p>10A. REPORT OF OVERSEAS PLANNING EVALUATION</p> <p><input type="checkbox"/> QUALIFIED</p> <p><input type="checkbox"/> DISQUALIFIED</p>
---	---

11. COMMENTS

DATE OF EVALUATION <b>11/1</b>	SIGNATURE FOR CHIEF, MEDICAL STAFF <i>[Signature]</i>
-----------------------------------	--

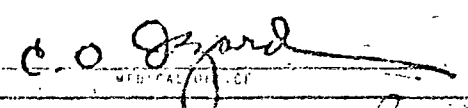
SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (LAST) <b>BRCE</b>	(First) <b>WILLIAM</b>	(Middle) <b>VINCENT</b>	2. DATE <b>1 February 1956</b>
3. TO POSITION	4. OFFICE, DIVISION, BRANCH <b>FE</b>		5. GRADE <b>GS-15</b>
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Fleet <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> TDY <input type="checkbox"/> Overseas <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified			
Remarks: Subject is qualified for proposed 4-weeks TDY overseas assignment (2/27/56).			
<p style="text-align: right;">C.O. <i>Gzard</i> <i>mpe</i></p> <p style="text-align: center;">SECRET MEDICAL OFFICE</p>			

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (LAST) <b>PROE</b>	(First) <b>William</b>	(Middle) <b>V.</b>	2. DATE <b>22 April 1957</b>
3. TO POSITION <b>Staff Employee</b>	4. OFFICE, DIVISION, BRANCH <b>DDP/FE-2</b>		5. GRADE <b>GS-15</b>
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Fleet <input checked="" type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
Please evaluate for TDY to Tokyo, Taipei, Djakarta, Hong Kong.			
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified			
Remarks: QUALIFIED FOR DEPARTMENTAL DUTY AND PROPOSED 101 G/S ASSIGNMENT			
<p style="text-align: right;">1 MAY 1957</p> <p style="text-align: center;">SECRET MEDICAL OFFICE</p>			

**SECRET**  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
<b>I REQUEST FOR PHYSICAL EXAMINATION BY</b>			
1. NAME (Last)	(First)	(Middle)	2. DATE
BRON	WILLIAM	VINCENT	20 April 1955
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE	
	PR	GS-15	
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	<input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee		
	<input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
<b>II REPORT OF MEDICAL EVALUATION</b>			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
Remarks: D.O. (5/11/55)			
<div align="right">             C. O. Gzard            MEDICAL DIRECTOR         </div>			

**SECRET**

PROE, WILLIAM V. HAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ Overseas

☒ FULL DUTY OVERSEAS

☐ LIMITED DUTY OVERSEAS

☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

☐ ☐ ☐ ☐ ☐ ☐

DEFECTS NOTED:

None

JOHN R. TETTER, M.D.

### PHYSICAL QUALIFICATION RECORD

NAME <b>PROE, WILLIAM V.</b>	NATURE OF ACTION <b>E.O.D.</b>
TITLE OF POSITION <b>Operations Officer</b>	GRADE <b>P-5</b>
DEPARTMENT OR FIELD <b>Departmental</b>	

Subject was found physically ☒ fit ☐ unfit for duty with this organization in the above grade or position. 21 June 1948

RECOMMENDATIONS:

23 December 1948

DATE

SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

*John R. Tetters*

**SECRET**  
(When Filled In)

**QUALIFICATIONS UPDATE**

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

*Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.*

**SECTION I BIOGRAPHIC AND POSITION DATA**

EMP. SER. NO. <b>056735</b>	NAME (Last-First-Middle) <b>BROE, William V.</b>	DATE OF BIRTH <b>08-24-13</b>
--------------------------------	---	----------------------------------

**SECTION II EDUCATION**

<b>HIGH SCHOOL</b>	
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)
YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

**COLLEGE OR UNIVERSITY STUDY**

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QUA. HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

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

**TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

**OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

**SECTION III MARITAL STATUS**

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

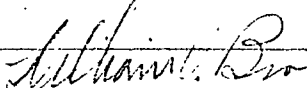
2. NAME OF SPOUSE (Last) (First) (Middle) ( maiden)

3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
5. OCCUPATION	6. PRESENT EMPLOYER
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) COUNTRY(IES)
9. DATE U.S. CITIZENSHIP ACQUIRED	

**SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE**

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

SECRET  
(When Filled In)

SECTION V		GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL <span style="float: right;">(If possible, attach map)</span>			
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X) ONE	
				RESIDENCE	TRAVEL
				STUDY	OTHER
1.					
2.					
			MAIL ROOM		
<b>SECTION VI TYPING AND STENOGRAPHIC SKILLS</b>					
1. TYPING (WPM)		2. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM			
		<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY:			
<b>SECTION VII SPECIAL QUALIFICATIONS</b>					
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED					
<b>SECTION VIII MILITARY SERVICE</b>					
<b>CURRENT DRAFT STATUS</b>					
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?			2. NEW CLASSIFICATION		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS			4. IF DEFERRED, GIVE REASON		
<b>MILITARY RESERVE, NATIONAL GUARD STATUS</b>					
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD
		<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED					
5. MILITARY MOBILIZATION ASSIGNMENT			6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED		
<b>MILITARY SCHOOLS COMPLETED (Indicate Active, Reserve Duty, or as Civilian)</b>					
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED	
<b>SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS</b>					
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)			DATE OF MEMBERSHIP
					FROM    TO
1.					
2.					
3.					
<b>SECTION X REMARKS</b>					
No change from "Qualifications Supplement to Personal History Statement" submitted 13 April 1967.					
DATE		SIGNATURE OF EMPLOYEE			
27 December 1968		 William V. Broe			

**SECRET**

SECRET

When Filled In:

OFFICIAL USE ONLY (Do not fill in)

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

1 EMP SER NO 036735	2 NAME (Last, First, Middle) BROE WILLIAM V	3 SEX M	4 DATE OF BIRTH 08/24/13	5 SCHEDULE GRADE/STEP GS-18-01
6 SSN D	7 POSITION TITLE ICPS OFFICER DIV CH	8 OFFICE OF ASSIGNMENT WH	9 LOCATION (City, State, Zip) WASH., D.C.	

## SECTION II

## AGENCY OVERSEAS SERVICE

AREA	TYPE TO, P	FROM	TO
PHILIPPINE ISLANDS	PCS/VV	51/02/04	53/05/14
JAPAN	PCS/CC	53/08/01	55/04/01
ASIA AREA	TDY/CC	56/03/01	56/04/01
ASIA AREA	TDY/CC	57/05/01	57/06/01
ASIA AREA	TDY/CC	59/03/30	59/05/07
ASIA AREA	TDY/CC	61/03/10	61/03/20
JAPAN	PCS/VV	61/06/14	63/06/25
<del>EUROPEAN AREA</del>	<del>TDY/RR</del>	<del>64/12/06</del>	<del>66/12/10</del>
Lima, Peru	TDY/	65/07/05	65/07/09
Central Amer area	TDY/	65/07/22	65/07/28
Dominican Republic	TDY/	65/09/07	65/09/12
Panama, R.P.	TDY/	65/10/23	65/10/28
South Amer area	TDY/	66/01/11	66/02/02
South Amer area	TDY/	66/04/20	66/05/14
European area	TDY/RR	66/12/06	66/12/10
Central Amer area & Mexico	TDY/	67/01/29	67/02/24

OVERSEAS DATA

CORREJ

DATE: INITIALS:

19 MAY 67 [Signature]

## SECTION III

## EDUCATION

DEGREE	MAJOR FIELD	ORGANIZATION	YEAR
BACH	BIOLOGICAL SCIENCE, GENERAL	BOWDOEN COL ME	39

FORM  
1 07 444J  
MAY 2-67

SECRET

GROUP 1  
Excluded from automatic  
downgrading and declassification

JN ERU

(451)



- 3 -

. 7 .

14 MAR 1961

MEMORANDUM FOR: The Director of Intelligence and Research  
Department of State

SUBJECT: HROE, William Vincent  
Request for Appointment in the Foreign Service  
and Assignment at Tokyo, Japan

REFERENCE: Annex F-3 to Memorandum dated 23 November 1951,  
Subject, Representation in Foreign Service  
Missions

1. It is requested that Mr. Hroe, GS-16, \$15,515, be appointed in the Foreign Service with the title First Secretary, FSI-2, \$13,255 for duty in the Political Section of the American Embassy at Tokyo, Japan. Mr. Hroe will occupy position number 1 of Annex F-3.

2. It is requested that Mr. Hroe arrive at his destination on or about 1 July 1961.

FOR THE DIRECTOR OF INTELLIGENCE AND RESEARCH

*W. M. McInerney*  
WILLIAM M. MCINERNEY

9 March 1961

Distribution:

2 - Addressee

1 - CFB

3 - OCL

2 - FE/FE/JAO

FE/FE/JAO/IRAC/Ld

Enclosures:

1. Application Forms 57 and DSP-34
2. Occupational History Supplement
3. Proposed biography

## PROPOSED BIOGRAPHY

ZF22, William V., - b. Mass., August 24, 1911; Bowdoin College, A. B., 1939; budget sales manager, retail store, 1939-41; credit manager, finance company, 1941; special agent, FBI, 1942-48; area operations officer, Department of Defense, 1948-51; app. 708-3, attaché, Manila, Feb. 21, 1951; resigned May 13, 1953; area plans officer, Department of Defense, 1953-61; married.

Form DAP-34  
7-16-55

DEPARTMENT OF STATE  
SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper.  
Write on each sheet your name, address and date of birth.  
Identify each item, and attach to this application.

Form Approved  
Budget Bureau No. 47-R071.7

1. NAME (PRINT)

William V. Droe

2. DATE OF BIRTH

August 24, 1913

3. ADDRESS

4317 Saul Road, Kensington, Md.

4. USE OF APPLICATION. CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED

☒ FOREIGN SERVICE ONLY

☐ DEPARTMENTAL ONLY

☐ FOREIGN SERVICE AND DEPARTMENTAL

5. PERMANENT ADDRESS (PLACE FROM WHICH YOU WILL DIRECT TRANSPORTATION OF SELF AND HOUSEHOLD EFFECTS, IF ANY, IF APPOINTED TO THE FOREIGN SERVICE)

4317 Saul Road, Kensington, Md.

6. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE (SECTION 4 ON STANDARD FORM 57)

7. A. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT?

☐ YES

☒ NO

B. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED?  
(GIVE DETAILS, IF ANSWER IS "YES" TO A. OR B.)

☐ YES

☒ NO

C. IF DIVORCED, GIVE NAME OF COURT, LOCATION, DECREE, AND DATE FINAL DECREE GRANTED

8. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?  
(EXCLUSIVE OF OVERSEAS ALLOWANCES)

9. PER YEAR

9. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

10. A. FULL NAME OF SPOUSE (IF WIFE, GIVE MAIDEN NAME)

Jean Barbara Connor

B. DATE OF BIRTH

March 1, 1920

C. PLACE OF BIRTH (CITY, STATE OR PROVINCE, AND COUNTRY)

Winsted, Mass.

D. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

1. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

NAME OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL DEPENDENT ACCEDE TO OVERSEAS?	
John V. Droe	Wife	March 1, 1920	YES	NO
Donald F.	Daughter	April 17, 1943	YES	NO
Frances W.	Daughter	Dec. 20, 1947	YES	NO
William V.	Daughter	Aug. 24, 1953	YES	NO

11. A. MOTHER'S NAME

Jean Barbara Connor

B. PRESENT ADDRESS (IF DECEASED, SO)

4317 Saul Road, Kensington, Md.

C. PLACE OF BIRTH

Winsted, Mass.

12. A. MOTHER'S NAME

Agnes E. Droe

B. PRESENT ADDRESS (IF DECEASED, SO)

4317 Saul Rd., Kensington, Md.

C. PLACE OF BIRTH

Winsted, Mass.

13. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (CHECK BELOW)

FATHER

☐ YES

☐ NO

MOTHER

☐ YES

☐ NO

14. HAVE YOU EVER APPLIED FOR A POSITION WITH DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

☐ YES

☐ NO

I was employed as a P-3 and assigned to the U.S. Embassy in the Philippines from March 1951 to May 1953.

FORM 50-10 7-14-64		PAGE 2
18. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES		
NAME	RELATIONSHIP	ADDRESS
19. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:		
A. BUSINESS		
B. EMPLOYMENT		
20. DOES YOUR PRESENT FINANCIAL POSITION PERMIT DISCHARGE OF ALL CURRENT DEBTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF "NO", STATE INFORMATION REQUESTED BELOW:		
NAME OF CREDITORS	AMOUNTS DUE	DATED ON WHICH OBLIGATIONS WERE CONTRACTED
21. A. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
B. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF "YES", GIVE DETAILS IN ITEM 34 OF STANDARD FORM 57		
22. PRESENT MILITARY STATUS		
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:		
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", STATE BELOW THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:		
C. LIST DECORATIONS (EXCLUSIVE OF SERVICE RIBBONS), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:		
23. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED		
24. REFERENCES. LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING (REPEAT NAMES LISTED IN ITEM 21 STANDARD FORM 57 AND ADD TWO ADDITIONAL REFERENCES)		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (GIVE COMPLETE CURRENT ADDRESS, INCLUDING STREET AND NUMBER)	BUSINESS OR OCCUPATION
Mr. Lawrence Hobbs	6322 Glenridge, Kensington, Md.	Int. Security Force
Mr. C. Salovey	107 Morningdale Dr., Alex., Va.	FBI
Mr. J. D. Toll	2500 Q St., N.W. Washington, D.C.	Dept. of State
General Edward Lendale	2713 MacArthur Blvd., Wash., D.C.	USAF
Mr. R. T. Carpenter	4401 Soul Road, Kensington, Md.	GO
25. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. SOCIAL SECURITY NO., IF ANY
27. DO YOU HAVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW IF ANSWER IS "YES", STATE NAME OF AGENCY AND DATE ACQUIRED		
28. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service employment, state in Item 34 of Standard Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.		
DATE 7 March 1964		SIGNATURE William J. B...

# APPLICATION FOR FEDERAL EMPLOYMENT

<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">APPLICATION NO.</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">ANNOUNCEMENT</div> </div>		<b>DO NOT WRITE IN THIS BLOCK</b> <b>For Use of</b> <b>Civil Service Commission Only</b>													
1. Kind of position applied for or name of examination		<input type="checkbox"/> Appoint. <input type="checkbox"/> Material <input type="checkbox"/> Nonappoint. <input type="checkbox"/> Submitted		Entered Register:											
2. Option(s) (if mentioned in examination announcement)		Notations:		App. Reviews											
3. Place of employment applied for (city and State)		<input type="checkbox"/> Returned Approved:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Option</th> <th style="width: 15%;">Grade</th> <th style="width: 15%;">Earned Rating</th> <th style="width: 15%;">Performance</th> <th style="width: 15%;">Augm. Rating</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> 5 Points (Test.)  <input type="checkbox"/> 10 Point Comp. Dis.  <input type="checkbox"/> Other 10 Point  <input type="checkbox"/> Disal.  <input type="checkbox"/> Being Investigated               </td> <td></td> </tr> </tbody> </table>		Option	Grade	Earned Rating	Performance	Augm. Rating				<input type="checkbox"/> 5 Points (Test.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated	
Option	Grade	Earned Rating	Performance	Augm. Rating											
			<input type="checkbox"/> 5 Points (Test.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated												
4. (First name) (Middle) (Surname, if any) (Last) Mr. William F. Brown 1234		Initials and Date													
5. Street and number or R. D. number 1234 Main St.															
6. Place of birth City State															
7. Date of birth (month, day, year)		8. <input type="checkbox"/> Male <input type="checkbox"/> Female													
9. Height without shoes feet inches		10. <input type="checkbox"/> Married <input type="checkbox"/> Single													
11. Home phone Office phone		12. Legal or voting residence (State) Maryland		13. If you have ever been employed by the Federal Government, indicate last grade From GS-15 To GS-16											
<b>14. AVAILABILITY INFORMATION.</b> A. Indicate the lowest salary you will accept \$ per You will not be considered for any position with a lower entrance salary.															
B. If you are now a Federal employee, indicate the lowest grade you will accept C. Will you accept appointment for: <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months? Acceptance or refusal of a short-term appointment will not affect your consideration for another appointment.															
D. Are you willing to travel <input type="checkbox"/> Occasionally? <input checked="" type="checkbox"/> Frequently? <input type="checkbox"/> Constantly? E. Will you accept appointment <input type="checkbox"/> In Washington, D. C. <input type="checkbox"/> Anywhere in United States? <input checked="" type="checkbox"/> Outside U. S.?															
F. If you will accept appointment only in certain locations, list them: (No reference)															
<b>15. VETERAN PREFERENCE.</b> A. If you claim 5-point preference based on wartime military service, indicate:															
Date(s) of entry into active service		Date(s) of separation		Branch of service (Army, Navy, Air Force, etc.)											
				Serial number. If none, give grade or rating at separation											
B. Do you claim 5-point preference as a peacetime campaign veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
C. Do you claim 10-point preference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, indicate below the office which granted this preference to you. Attach your notice of preference allowance if available. It will be returned to you.															
Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners			Address of Commission office or Board of Examiners												
City			State												

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY. The information contained in answer to question 15A has been verified with the discharge certificate, which shows that the separation was under honorable conditions.

Signature \_\_\_\_\_ Agency \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

(Continued on next page)

16. EXPERIENCE (Start with your present position and work back)					
① Dates of employment (month, year) From <u>14 May 1973</u> To present time		Exact title of your position <u>ANALYST</u>			
Salary or earnings Starting \$ <u>11.00</u> per <u>month</u> Final \$ <u>12.00</u> per <u>month</u>		Classification Grade (if in Federal service) <u>GS-10</u>	Place of employment City <u>Washington, D.C.</u> State <u>D.C.</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>U.S. GOVERNMENT</u>	
Name and address of employer (firm, organization, etc.) <u>Department of Defense, Joint Operations</u> <u>Washington, D.C.</u>			Name and title of immediate supervisor <u>Robert D. Marshall</u>		
Reason for leaving <u>Left to go to another job with a higher salary and more responsibility</u>					
Description of work <u>As an analyst, I was responsible for the collection and analysis of information from various sources of the various arms of defense. I was also responsible for the dissemination of this information to the appropriate personnel. I was also responsible for the preparation of reports and the maintenance of files.</u>					
② Dates of employment (month, year) From <u>2 Feb 1973</u> To <u>13 May 1973</u>		Exact title of your position <u>Attache</u>			
Salary or earnings Starting \$ <u>11.00</u> per <u>month</u> Final \$ <u>11.00</u> per <u>month</u>		Classification Grade (if in Federal service) <u>GS-10</u>	Place of employment City <u>Washington, D.C.</u> State <u>D.C.</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>U.S. GOVERNMENT</u>	
Name and address of employer (firm, organization, etc.) <u>Department of State, Foreign Service</u>			Name and title of immediate supervisor <u>Raymond A. Lawrence, Adm.</u>		
Reason for leaving <u>Left to go to another job with a higher salary and more responsibility</u>					
Description of work <u>As an attache, I was responsible for the collection and analysis of information from various sources of the various arms of defense. I was also responsible for the dissemination of this information to the appropriate personnel. I was also responsible for the preparation of reports and the maintenance of files.</u>					
③ Dates of employment (month, year) From <u>21 May 1973</u> To <u>20 May 1973</u>		Exact title of your position <u>ANALYST</u>			
Salary or earnings Starting \$ <u>11.00</u> per <u>month</u> Final \$ <u>11.00</u> per <u>month</u>		Classification Grade (if in Federal service) <u>GS-10</u>	Place of employment City <u>Washington, D.C.</u> State <u>D.C.</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>U.S. GOVERNMENT</u>	
Name and address of employer (firm, organization, etc.) <u>Department of Defense, Joint Operations</u>			Name and title of immediate supervisor <u>Robert D. Marshall</u>		
Reason for leaving <u>Left to go to another job with a higher salary and more responsibility</u>					
Description of work <u>As an analyst, I was responsible for the collection and analysis of information from various sources of the various arms of defense. I was also responsible for the dissemination of this information to the appropriate personnel. I was also responsible for the preparation of reports and the maintenance of files.</u>					



ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Date of employment (month, year) Jan 30, 1938		Exact title of your position Special Agent																																				
Salary or earnings Starting \$ 3.37 per <b>month</b> Final \$ 6.15 per <b>month</b>	Classification, Grade (if in Federal service) GS-29	Place of employment City <b>Washington, D.C.</b> State	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>U.S. Government</b>																																			
Name and address of employer (firm, organization, etc.) <b>United States Department of Justice, Washington, D.C.</b>		Name and title of immediate supervisor <b>Det. Tolm, Asst. Director</b>																																				
Reason for leaving <b>Discharged</b>																																						
Description of work <b>Investigation of cases involving the Federal Bureau of Investigation</b>																																						
If you need additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.																																						
<b>17. SPECIAL QUALIFICATIONS AND SKILLS.</b>																																						
(A) Licenses and Certificates—Indicate the kind of license or certificate and the State or other licensing authority which granted it, for example, pilot, teacher, electrician, lawyer, radio operator, C. P. A., etc.  Kind of License _____ Licensing Authority _____  (B) List any special skills you possess and machines and equipment you can use, such as short-wave radio, multimeter, compass, key-punch, secret lathe, scientific or professional devices.		(D) Give any special qualifications not covered elsewhere in your application, such as: (1) Your more important publications. (Do not submit copies unless required) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.																																				
(C) Approximate number of words per minute in: Typing _____ Shorthand _____																																						
<b>18. EDUCATION.</b>																																						
A. Give the highest elementary or high school you completed. If you completed high school, give date: <b>1935</b>		B. Name and location of last high school attended: <b>Lawrence High School, Lawrence, Mass. Governor Dummer Acad., So. Ryfield, Mass.</b>																																				
C. Name and location of college or university: <b>Boston College</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates attended</th> <th colspan="2">Years completed</th> <th>Credit hours</th> <th rowspan="2">Degrees received</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th>Semester or Quarter</th> </tr> </thead> <tbody> <tr> <td>1935</td> <td>1939</td> <td>4</td> <td></td> <td></td> <td>A.B.</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Dates attended		Years completed		Credit hours	Degrees received	From	To	Day	Night	Semester or Quarter	1935	1939	4			A.B.																		
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From	To	Day	Night	Semester or Quarter																																		
1935	1939	4			A.B.																																	
D. Chief undergraduate college subjects: <b>Chemistry Biology</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Credit hours</th> <th rowspan="2">E. Chief graduate college subjects</th> <th colspan="2">Credit hours</th> </tr> <tr> <th>Semester or Quarter</th> <th> </th> <th>Semester or Quarter</th> <th> </th> </tr> </thead> <tbody> <tr> <td>6</td> <td>8</td> <td> </td> <td> </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Credit hours		E. Chief graduate college subjects	Credit hours		Semester or Quarter		Semester or Quarter		6	8																								
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Semester or Quarter			Semester or Quarter																																			
6	8																																					
F. Other schools or training, such as trade, vocational, Armed Forces, or business. Give for each name and location of school, dates attended, subjects studied, certificates, and any other pertinent data:																																						
<b>19. Have you lived or traveled in any foreign countries?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If answer is "Yes," give in Item 34 names of countries, dates, and length of time spent there and reason or purpose (military service, business, education, or vacation).																																						
<b>20. Indicate your knowledge of foreign languages.</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Reading</th> <th>Speaking</th> <th>Understanding</th> <th>Writing</th> </tr> <tr> <th>LANGUAGES</th> <th>LANGUAGES</th> <th>LANGUAGES</th> <th>LANGUAGES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Reading	Speaking	Understanding	Writing	LANGUAGES	LANGUAGES	LANGUAGES	LANGUAGES																											
Reading	Speaking	Understanding	Writing																																			
LANGUAGES	LANGUAGES	LANGUAGES	LANGUAGES																																			

21. REFERENCES.—List three persons living in the United States or Territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 16. EXPERIENCE

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address)	BUSINESS OR OCCUPATION
1. <i>Mr. J. M. Jones</i>	<i>123 Main St., New York, N.Y.</i>	<i>Engineer</i>
2. <i>Mr. J. D. Smith</i>	<i>456 Broadway, New York, N.Y.</i>	<i>Manager</i>
3. <i>Mr. W. E. Brown</i>	<i>789 Third Ave., New York, N.Y.</i>	<i>Lawyer</i>

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
22. (a) Are you a citizen of the United States of America, or (b) as a native of American Samoa do you owe allegiance to the United States of America?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
24. Are you now, or have you ever been, a member of a Fascist organization?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
25. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer to question 23, 24, or 25 above is "Yes," state on a separate sheet to be attached to and made a part of this application the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein, and make any explanation you desire regarding your membership or activities. (See instruction sheet)							
26. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer is "Yes," give in Item 34 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed; and (5) kind of appointment.							
27. A. Have you any physical handicap, chronic disease, or other disability?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
B. Have you ever had a nervous breakdown?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C. Have you ever had tuberculosis?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer to A, B, or C is "Yes," give details in Item 34.							
28. May wages be made of your present employer regarding your character, qualifications, etc.?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
29. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer is "Yes," give details in Item 34.							
30. Are you an official or employee of any State, Territory, county, or municipality?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer is "Yes," give details in Item 34.							
31. Have you ever been barred by the U. S. Civil Service Commission from taking examinations or accepting civil-service appointments?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer is "Yes," give dates of and reasons for such debarment in Item 34.							
32. A. Have you ever been discharged from employment because:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(1) Your conduct was not satisfactory?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(2) Your work was not satisfactory?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
B. Have you ever resigned after official notification that:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(1) Your conduct was not satisfactory?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(2) Your work was not satisfactory?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C. Have you ever been discharged from the Armed Services under other than honorable conditions?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer to A, B, or C is "Yes," give details in Item 34 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.							
33. Have you ever been arrested, charged, or held by Federal, State, or local law enforcement authority for any violation of any Federal law, State law, county or municipal law, regulation or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If your answer is "Yes," give in Item 34 for each case: (1) approximate date; (2) source; (3) place; (4) action taken.							

34. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. (Indicate item number in column on left and answer in column on right.)

Item No.	Answer	Item No.	Answer
1	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>	1	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>
2	<i>Mr. J. D. Smith, 456 Broadway, New York, N.Y., Manager</i>	2	<i>Mr. J. D. Smith, 456 Broadway, New York, N.Y., Manager</i>
3	<i>Mr. W. E. Brown, 789 Third Ave., New York, N.Y., Lawyer</i>	3	<i>Mr. W. E. Brown, 789 Third Ave., New York, N.Y., Lawyer</i>
4	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>	4	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>
5	<i>Mr. J. D. Smith, 456 Broadway, New York, N.Y., Manager</i>	5	<i>Mr. J. D. Smith, 456 Broadway, New York, N.Y., Manager</i>
6	<i>Mr. W. E. Brown, 789 Third Ave., New York, N.Y., Lawyer</i>	6	<i>Mr. W. E. Brown, 789 Third Ave., New York, N.Y., Lawyer</i>
7	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>	7	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>
8	<i>Mr. J. D. Smith, 456 Broadway, New York, N.Y., Manager</i>	8	<i>Mr. J. D. Smith, 456 Broadway, New York, N.Y., Manager</i>
9	<i>Mr. W. E. Brown, 789 Third Ave., New York, N.Y., Lawyer</i>	9	<i>Mr. W. E. Brown, 789 Third Ave., New York, N.Y., Lawyer</i>
10	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>	10	<i>Mr. J. M. Jones, 123 Main St., New York, N.Y., Engineer</i>

— If more space is required, use paper the same size as this page. Write on each sheet your name, date of birth, and examination title. Attach to inside of this application.

ATTENTION: If you are appointed, all facts you gave will be subject to investigation including a check of your fingerprints. Before signing this application, go back over it to make sure you have answered all questions correctly and fully, so that your eligibility can be decided on the basis of all the facts. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or a false answer to any question may be grounds for cancellation of your application or your dismissal after appointment and is punishable by law.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date: *May 1, 1944* Signature of applicant: *William J. Rose*

SECRET  
(When Filled In)

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(11-6)		LANGUAGE DATA RECORD			
PART I-GENERAL					
1. NAME (Last-First-Middle) (17-24)			2. DATE OF BIRTH (25-30)		
Broe, William Vincent			MONTH August	DAY 24	YEAR 1913
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)		5.	
000		MONTH 1	DAY 22	YEAR 58	<input checked="" type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS					
SECTION A. Reading (40)					
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.					
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.					
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.					
5. I HAVE NO READING ABILITY IN THE LANGUAGE.					
SECTION B. Writing (41)					
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.					
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.					
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.					
5. I CANNOT WRITE IN THE LANGUAGE.					
SECTION C. Pronunciation (42)					
1. MY PRONUNCIATION IS NATIVE.					
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.					
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.					
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.					
5. I HAVE NO SKILL IN PRONUNCIATION.					
CONTINUE ON REVERSE SIDE					

CONTINUATION OF PART II—LANGUAGE ELEMENTS OFFICE OF PERSONNEL

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR. JAN 22 9 00 AM '58
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS. MAIL ROOM
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

*William V. Broe*  
William V. Broe

(46)

(47)

6-16-47356-2

## 12. CONTINUE

Name of employer (Month, year) From <b>3-30-12</b> To <b>5-14-13</b> Place of employment (city and State):		Exact title of your position <b>Special Agent CAF-9 to 12</b> Salary or earnings Starting \$ <b>3200</b> per yr. Final \$ <b>6140</b> per yr.	
Constant travel status Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division. <b>Federal Bureau of Investigation</b> Kind of business or organization (e. g., wholesale sll, insurance agency, etc.). <b>Investigation</b> Number and kind of employees supervised by you:		Description of your work: <b>Execution &amp; supervision of investigations of violations of Federal Statutes.</b>	
Name and title of immediate supervisor: Reason for leaving:			
Resigned to obtain more preferable work			
Name of employer (Month, year) From <b>5-11</b> To <b>11-41</b> Place of employment (city and State): <b>Boston, Massachusetts</b> Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: <b>General Motors Accp't. Corp. Boston, Mass.</b> Kind of business or organization (e. g., wholesale sll, insurance agency, etc.). <b>automobile financing</b> Number and kind of employees supervised by you:		Exact title of your position: <b>Field Representative</b> Salary or earnings Starting \$ <b>1800</b> per yr. Final \$ <b>1800</b> per yr.	
Name and title of immediate supervisor: <b>F. A. Miller - Credit Man.</b> Reason for leaving:		Description of your work: <b>Contacting dealers &amp; the supervision of collection accounts</b>	
Reduction in personnel Name of employer (Month, year) From <b>8-39</b> To <b>5-41</b> Place of employment (city and State): <b>Quincy, Mass.</b> Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: <b>Firestone Tire &amp; Rubber Co.</b> Kind of business or organization (e. g., wholesale sll, insurance agency, etc.). <b>Retail sales &amp; service in automotive line</b> Number and kind of employees supervised by you:		Exact title of your position: <b>Budget Manager</b> Salary or earnings Starting \$ <b>1800</b> per yr. Final \$ <b>1500</b> per yr.	
Name and title of immediate supervisor: <b>C. A. Savas - Man.</b> Reason for leaving:		Description of your work: <b>Supervision of Budget Retail Sales &amp; Collections.</b>	
Resigned to obtain more preferable work			
Name of employer (Month, year) From To Place of employment (city and State):		Exact title of your position: Salary or earnings Starting \$ per yr. Final \$ per yr.	
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: Kind of business or organization (e. g., wholesale sll, insurance agency, etc.). Number and kind of employees supervised by you:		Description of your work:	
Name and title of immediate supervisor: Reason for leaving:			

If more space is required, use a continuation sheet (Form No. 28) or a sheet of paper the same size. Attach to last sheet.

Write on each sheet your name, address, date of birth, and examination title. Attach to last sheet.

**17. MILITARY EXPERIENCE.**—In order to make the most effective placement of your services, describe in detail all military service, including training, and experience (has been acquired in the Armed Services). Fill in the space for each service school, and indicate in Item (c) all changes in duty assignment, showing dates of such assignment.

(a) First Special Service School attended.		(b) What were you taught in First Special Service School?	
Location:			
Dates attended (months, years):			
From: To:			
Rating received at end of this training:			
(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):		(d) What did you do during this duty assignment?	
Dates of duty assignment (months, years):			
From: To:			
(a) Second Special Service School attended.		(b) What were you taught in Second Special Service School?	
Location:			
Dates attended (months, years):			
From: To:			
Rating received at end of this training:			
(c) Duty assignment after this training:		(d) What did you do during this duty assignment?	
Dates of duty assignment (months, years):			
From: To:			

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

**18. EDUCATION.**—Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 (12)

Mark (a) the appropriate box to indicate satisfactory completion of:

☐ Elementary School ☐ Junior High School ☒ Senior High School

(a) Name and location of last high school attended: Governor Dummer Acad. - So. Pyfield Mass.

(b) Subjects studied in high school which apply to position desired: Amesbury High School - Amesbury, Mass.

(a) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From—	To—	Day	Night	Title	Date	
<u>Bowdoin College</u>	<u>Biology</u>	<u>1935</u>	<u>1939</u>			<u>A.B.</u>	<u>6-39</u>	
(b) List Year in College (show name of college)		Semester Hours		Semester Hours		Semester Hours		
<u>Biology, Chem., Anatomy, French, English</u>								

(a) Other training, such as vocational, business, study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency.	Subjects Studied	Dates Attended		Years Completed	
		From—	To—	Day	Night
<u>FBI Acad., Quantico, Va.</u>					

19. Indicate your knowledge of foreign languages	READING	SPEAKING	UNDERSTANDING	21. Have you ever or do you ever have been a licensed or certified member of any trade or professional society (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. Give kind of license and State: First license or certificate (year): Last license or certificate (year):
	Ex. Good Fair	Ex. Good Fair	Ex. Good Fair	
(a) How was your knowledge of foreign languages acquired?				22. Give any special qualifications or experience which are in your application such as: (a) your most important publications (do NOT submit copies unless requested) (b) your ability to do research (c) public speaking and public relations experience (d) membership in professional or scientific societies, etc.
(b) If you have traveled or resided in any foreign countries indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation):				
20. List any special skills you possess and machines and equipment you own use, such as operation of short-wave radio, machine, computer, key-punch, turret lathe, scientific or professional devices.				

Approximate number of words per minute in type: \_\_\_\_\_ shorthand \_\_\_\_\_

PROPOSED BIOGRAPHY

BROE, William V.—b. Amesbury, Mass., Aug. 24, 1913;  
Amesbury High Sch., grad.; Governor Dummer Acad.; Bowdoin  
Coll., A.B. 1939; rubber co. 1939-41; U. S. Gov't 1942-51;  
app. For. Ser. Staff officer of class three and assigned as  
att. at Manila Feb. 21, 1941; married



C-O-N-F-I-D-E-N-T-I-A-L

DATE: 25 August 1957

PROT: 7-213

TO : Chief, TB  
Director of Security  
Director of Personnel

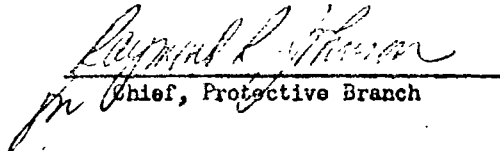
FROM : Chief, Communications Security Division

SUBJECT : Revocation of Cryptographic Clearance - Broo, William Vincent

1. The cryptographic clearance held by Subject has been revoked under the provisions of CI Regulation 90-500. Revocation is effective 31 JUL 1957.

2. Subject is not authorized to have continued custody of, access to, or otherwise gain further knowledge of staff cryptographic material or information. Subject has been informed of this revocation, has been debriefed concerning cryptographic and related communications security matters, and has signed a Debriefing Statement acknowledging continuing responsibility for the protection of all cryptographic information obtained during the tenure of his cryptographic clearance.

FOR THE CHIEF, COMMUNICATIONS:

  
Chief, Protective Branch

Distribution:

- 1 - TB
- 1 - Security Office (Debriefing Statement attached)
- 1 - Personnel Office (Wing 1-H Curie Hall)
- 1 - CC-S/PROT File

C-O-N-F-I-D-E-N-T-I-A-L

SECRET  
(When Filled In)

JUN

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.</p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle) Broe, William Vincent		
2. CURRENT ADDRESS (No., Street, City, Zone, State) 4317 Saul Road, Kensington, Maryland		3. PERMANENT ADDRESS (No., Street, City, Zone, State) 4317 Saul Road, Kensington, Maryland
4. HOME TELEPHONE NUMBER Olympia 7-8921	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Maryland	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREVIOUSLY RESIDING IN U.S. Jean B. Broe		2. RELATIONSHIP Wife
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 4317 Saul Road, Kensington, Maryland		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE none		
5. HOME TELEPHONE NUMBER Olympia 7-8921	6. BUSINESS TELEPHONE NUMBER NA	7. BUSINESS TELEPHONE EXTENSION NA
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Mr. James B. Broe, 40 Greenwood Street, Amesbury, Mass.		
SECTION III MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS none		
SPONSOR: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancée.		
3. NAME (First) (Middle) (Maiden) (Last) Jean Barbara Causer Broe		
4. DATE OF MARRIAGE 21 November 1942	5. PLACE OF MARRIAGE (City, State, Country) South Weymouth, Mass. U.S.A.	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) 12 Ralph Talbot Street, South Weymouth, Mass.		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased) 4317 Saul Road, Kensington, Maryland		
11. DATE OF BIRTH 4 March 1920	12. PLACE OF BIRTH (City, State, Country) Winthrop, Mass. U.S.A.	
13. IF BORN OUTSIDE U.S., DATE OF ENTRY NA	14. PLACE OF ENTRY NA	
15. CITIZENSHIP (Country) U.S.	16. DATE ACQUIRED birth	17. WHERE ACQUIRED (City, State, Country) NA
18. OCCUPATION Housewife	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) NA	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) NA		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

## SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR	
none	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
NA	NA
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	
NA	

## SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
Causer, Herbert	Spouse's grandfather	96
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
225 Pleasant Street, South Weymouth, Mass. U.S.A.		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
Great Britain	Once a year	summer of 1956
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
Causer, Evelyn Jesse	Spouse's grandmother	90
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
225 Pleasant Street, South Weymouth, Mass. U.S.A.		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
Great Britain	Once a year	summer of 1956
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		

## SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. 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		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		
none		

SECTION V CONTINUED TO PAGE 3

SECRET

**SECRET**  
(When Filled In)

SECTION V CONTINUED FROM PAGE 2							
B. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS							
NAME OF INSTITUTION				ADDRESS (City, State, Country)			
Kensington Bank				Montgomery Road, Kensington, Md.			
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?				YES		<input checked="" type="checkbox"/> NO	
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
<b>SECTION VI CITIZENSHIP</b>							
1. COUNTRY OF CURRENT CITIZENSHIP		2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:					
U.S.		<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):					
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?		4. GIVE PARTICULARS					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NA					
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)							
<b>SECTION VII EDUCATION</b>							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE				OVER TWO YEARS OF COLLEGE - NO DEGREE			
HIGH SCHOOL GRADUATE				<input checked="" type="checkbox"/> BACHELOR'S DEGREE			
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE				GRADUATE STUDY LEADING TO HIGHER DEGREE			
TWO YEARS COLLEGE OR LESS				MASTER'S DEGREE		DOCTOR'S DEGREE	
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR WKS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Bowdoin College, Brunswick, Me.	biol.	chem.	Sop '35	June '39	AB	Jun '39	
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS			
		FROM	TO				
none							
4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS			
		FROM	TO				
none							
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE							
none							

**SECRET**

**SECRET**  
(When Filled In)

**SECTION VIII**

### GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, MARINES, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

[illegible]

3. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HOOTS' ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
Philippine Islands	Area knowledge	March 51 - May 53	x	x	
China	"	Aug 53 - April 55	x	x	
Japan	"	Aug 53 - April 55		x	

## SECTION IX

## TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

GREGG	SPEEDWRITING	STENOGRAPH	OTHER (Specify):
-------	--------------	------------	------------------

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Computer, Steno-graph, Card Punch, etc.)

SECTION X

**SPECIAL QUALIFICATIONS**

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

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

3. EXCLUDING EQUIPMENT NOTED IN SECTION 1, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LAIME, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Paint, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue)

6. LATEST LICENSE OR CERTIFICATE (Year of issue)

~~SECRET~~

SECRET

(When Filled In)

## SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. 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.

## SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1.	1. INCLUSIVE DATES (From- and To-) June 1948 to January 1951	2. GRADE GS-12/13	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DD/P FEZ Philippine Branch
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 6	5. OFFICIAL POSITION TITLE Acting Chief, Philippine Branch	
	6. DESCRIPTION OF DUTIES		
2.	1. INCLUSIVE DATES (From- and To-) January 1951 to May 1953	2. GRADE GS-14	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DD/P FEZ Philippine Islands
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 10	5. OFFICIAL POSITION TITLE Chief of Station, Philippines	
	6. DESCRIPTION OF DUTIES		
3.	1. INCLUSIVE DATES (From- and To-) May 1953 to April 1955	2. GRADE GS-15	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DD/P FE China Branch
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 125	5. OFFICIAL POSITION TITLE Deputy Chief, FRU, Yokosuka	
	6. DESCRIPTION OF DUTIES		
4.	1. INCLUSIVE DATES (From- and To-) April 1955 to present	2. GRADE GS-15	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DD/P FE China Branch
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 100	5. OFFICIAL POSITION TITLE Chief of Branch	
	6. DESCRIPTION OF DUTIES		
5.	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

## SECRET

(When Filled In)

SECTION XII CHILDREN AND OTHER DEPENDENTS						
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			4		2	
2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.						
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Donnie J.	daughter	1945		x	U.S.	1317 Saul Road Kensington, Md.
Susan C.	"	1948		x	"	"
Kristine E.	"	1950		x	"	"
Barbara A.	"	1955		x	"	"
Mrs. Jean B.	wife	1920		x	"	"
Mrs. Agnes N.	mother	1882		x	"	"
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS						
<div style="display: flex; justify-content: space-between;"> <div>DATE COMPLETED 17 January 1958</div> <div>SIGNATURE OF EMPLOYEE <i>William V. Lane</i></div> </div>						

SECRET

# PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES ☒

NO ☐

## SECTION 1. PERSONAL BACKGROUND

NAME FIRST MIDDLE LAST TELEPHONE  
 MR. ☒ MISS ☐ MRS. ☐ William Vincent Broe BH 2828

PRESENT ADDRESS STREET AND NUMBER CITY STATE COUNTRY  
 2116 Dexter Avenue, Silver Springs, Maryland USA

LEGAL RESIDENCE STREET AND NUMBER CITY STATE COUNTRY  
 2116 Dexter Avenue, Silver Spring, Maryland

NICKNAMES OTHER NAMES THAT YOU HAVE USED

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?

HOW LONG?

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

DATE OF BIRTH PLACE OF BIRTH CITY STATE COUNTRY  
 August 24, 1918 Amesbury Massachusetts

PRESENT CITIZENSHIP ACQUIRED BY:  
 U.S.A. BIRTH ☒ MARRIAGE ☐ NATURALIZATION ☐

NATURALIZATION CERTIFICATE NUMBER DATE ISSUED NAME OF COURT  
 Not Applicable

LOCATION OF COURT CITY STATE COUNTRY

PREVIOUS CITIZENSHIP DATE HELD FROM TO:

OTHER CITIZENSHIPS (GIVE PARTICULARS)

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

LAST U.S. PASSPORT NUMBER DATE PLACE OF ISSUE

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)

PASSPORTS OF OTHER NATIONS

IF BORN OUTSIDE U.S. DATE OF ARRIVAL IN THIS COUNTRY PORT OF ENTRY PASSPORT OF COUNTRY

LAST U.S. VISA NUMBER TYPE DATE PLACE OF ISSUE

## SECTION 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT EYES HAIR  
 34 Male 6' 180 brown brown

COMPLEXION SCARS BUILD  
 medium none athletic

OTHER DISTINGUISHING FEATURES wear glasses



SECTION 3. MARITAL STATUS									
MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE			PLACE			
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>								
REASON FOR SEPARATION OR DIVORCE <b>Not applicable</b>									
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.									
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE					
	Jean	Barbara	Broe	Nov. 21, 1942					
PLACE OF MARRIAGE	(HIS OR HER) ADDRESS BEFORE MARRIAGE		STREET AND NUMBER	CITY	STATE	COUNTRY			
No. Weymouth, Mass.			42 Ralph Talbot St.	No.	Weymouth Mass.				
LIVING <input checked="" type="checkbox"/>	DATE OF DECEASE		CAUSE						
DECEASED <input type="checkbox"/>	<b>Not applicable</b>								
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY				
	2116 Dexter Avenue		Silver Springs,	Maryland	USA				
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY				
Mar. 4, 1920	Winthrop,		Massachusetts						
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY				
U.S.A.	<b>Not applicable</b>								
OCCUPATION	LAST EMPLOYER								
housewife	Norfolk County,		Massachusetts						
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY				
	<b>Not employed</b>								
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE		COUNTRY				
	<b>not applicable</b>								
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
Special Agent - FBI - 8-30-42 -- 8-14-43									
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)									
NAME	RELATIONSHIP		AGE						
Bonnie Jean Broe	daughter		2 yr. 8 mo.						
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY				
U.S.A.	2116 Dexter Avenue,		Silver Springs,	Maryland					
NAME	RELATIONSHIP		AGE						
Susan Carruth Broe	daughter		8 mo.						
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY				
U.S.A.	2116 Dexter Avenue,		Silver Spring,	Maryland					
NAME	RELATIONSHIP		AGE						
Agnes H. Broe	mother		68						
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY				
U.S.A.	2116 Dexter Avenue,		Silver Spring,	Md.					
SECTION 5. PARENTS									
NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET									
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/>			DECEASED <input checked="" type="checkbox"/>		
	John	James	Broe						
DATE OF DECEASE	CAUSE								
March 20, 1921	heart attack								
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY				
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY				
May 31, 1874	Aurora,		Massachusetts						
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY				
U.S.A.									
OCCUPATION	LAST EMPLOYER								
laborer	self								
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY				
SECTION 5. PARENTS (CONTINUED)									

SECTION 5. PARENTS (CONTINUED) PAGE 2									
DATE OF MILITARY SERVICE		FROM: <b>not applicable</b>			TO:		BRANCH OF SERVICE		COUNTRY
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
NAME OF MOTHER		FIRST	MIDDLE	LAST			LIVING <input checked="" type="checkbox"/>		DECEASED <input type="checkbox"/>
		<b>Agnes</b>	<b>Bonython</b>	<b>Boro</b>					
DATE OF DECEASE		CAUSE <b>not applicable</b>							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
		<b>2116 Dexter Avenue</b>		<b>Silver Spring</b>	<b>Maryland</b>				
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY			
<b>Nov. 8, 1884</b>		<b>Boston</b>		<b>Massachusetts</b>					
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE	COUNTRY		
<b>U.S.A.</b>		<b>not applicable</b>							
OCCUPATION		LAST EMPLOYER							
<b>unemployed</b>		<b>not applicable</b>							
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)									
NAME		FIRST	MIDDLE	LAST					
		<b>James</b>	<b>Bonyton</b>	<b>Broo</b>					
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
		<b>40 Greenwood Street</b>		<b>Amosbury</b>	<b>Massachusetts</b>				
NAME		FIRST	MIDDLE	LAST					
		<b>John</b>	<b>Joseph</b>	<b>Broo</b>					
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
		<b>1805 East 75th</b>		<b>Cleveland</b>	<b>Ohio</b>				
NAME		FIRST	MIDDLE	LAST					
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
SECTION 7. PARENTS-IN-LAW									
NAME OF FATHER-IN-LAW		FIRST	MIDDLE	LAST			LIVING <input checked="" type="checkbox"/>		DECEASED <input type="checkbox"/>
		<b>Herbert</b>	<b>William</b>	<b>Causser</b>					
DATE OF DECEASE		CAUSE <b>not applicable</b>							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
		<b>42 Ralph Talbot Street So.</b>		<b>Weymouth</b>	<b>Mass.</b>				
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY			
<b>Sept. 11, 1890</b>		<b>Birmingham</b>		<b>England</b>					
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE	COUNTRY		
<b>U.S.A.</b>		<b>unknown</b>			<b>unknown</b>				
OCCUPATION		LAST EMPLOYER							
<b>engineer</b>		<b>Associated Factory Mutuals, Boston, Mass.</b>							
NAME OF MOTHER-IN-LAW		FIRST	MIDDLE	LAST			LIVING <input checked="" type="checkbox"/>		DECEASED <input type="checkbox"/>
		<b>Evelyn</b>	<b>Carruthers</b>	<b>Causser</b>					
DATE OF DECEASE		CAUSE <b>not applicable</b>							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY			
		<b>42 Ralph Talbot Street So.</b>		<b>Weymouth</b>	<b>Mass.</b>				
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY			
<b>April 6, 1896</b>		<b>Belfast</b>		<b>Ireland</b>					
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE	COUNTRY		
<b>U.S.A.</b>									
OCCUPATION		LAST EMPLOYER							
<b>housewife</b>		<b>not applicable</b>							

## SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME	RELATIONSHIP	AGE
Herbert Causer	Wife's grandfather	87
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
English	41 Oakdale Avenue,	So. Weymouth, Mass.

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

## SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Amesbury Jr. H. S.		Main St.	Amesbury,	Mass.

DATES ATTENDED	FROM	TO	DEGREE
	Sept. 1928	June 1928	

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Amesbury H. S.		Main Street,	Amesbury,	Mass.

DATES ATTENDED	FROM	TO	DEGREE
	Sept. 1928	June 1931	

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Gov. Dummer Prep. Sch.		So. Byfield	Mass.	

DATES ATTENDED	FROM	TO	DEGREE
	Sept. 1931	June 1935	

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
Bowdoin College		Brunswick,	Maine	

DATES ATTENDED	FROM	TO	DEGREE
	Sept. 1935	June 1938	A. B. Degree

SECTION 10. SELECTIVE SERVICE (CONTINUED TO PAGE 5)

<b>SECTION 10. SELECTIVE SERVICE STATUS</b>					
CLASSIFICATION	ORDER NUMBER	APPROXIMATE INDUCTION DATE		BOARD NUMBER	
ADDRESS OF BOARD		STREET AND NUMBER		CITY	STATE
IF DEFERRED, STATE REASON					
<b>SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>					
COUNTRY	SERVICE	SERVICE DATES	DATE OF DISCHARGE		
U.S.A.	F.B.I.	March 30, 1942	May 14, 1946		
GRADE	SERIAL NUMBER	TYPE OF DISCHARGE			
CAF-12	----	voluntary resignation			
LAST STATION		COMPENSATING OFFICER			
Chicago, Ill.		---			
REMARKS:					
<b>SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)</b>					
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS. —					
EMPLOYER		JOB TITLE			
Firestone Tire & Rubber Co.		Budget manager			
ADDRESS		STREET AND NUMBER		CITY	STATE
Washington Street, Quincy, Massachusetts					
YOUR DUTIES AND SPECIALTY		KIND OF BUSINESS		NAME OF SUPERVISOR	
In charge of budget sales and collections		automobile - sales & service		C. A. Hayes	
DATES COVERED	FROM:	TO:	SALARY	PER	
	Aug. 1939	May 1941	\$125.00	month	
REASONS FOR LEAVING					
For more preferable employment					
EMPLOYER		JOB TITLE			
General Motors Acceptance Corp.		Field representative			
ADDRESS		STREET AND NUMBER		CITY	STATE
Boston, Massachusetts					
YOUR DUTIES AND SPECIALTY		KIND OF BUSINESS		NAME OF SUPERVISOR	
Contacting dealers & supervising collections		automobile financing		P. A. Miller	
DATES COVERED	FROM:	TO:	SALARY	PER	
	May 1941	Nov. 1941	\$150.00	month	
REASONS FOR LEAVING					
Reduction of personnel					
EMPLOYER		JOB TITLE (supervisor)			
Federal Bureau of Investigation		Special Agent			
ADDRESS		STREET AND NUMBER		CITY	STATE
Department of Justice, Washington, D. C.					
YOUR DUTIES AND SPECIALTY		KIND OF BUSINESS		NAME OF SUPERVISOR	
Investigation & Supervision of Inv.		Investigation		R. W. Hall	
DATES COVERED	FROM:	TO:	SALARY	PER	
	March 30, 1942	May 14, 1945	\$6140	year	
REASONS FOR LEAVING					
To obtain more preferable employment					
EMPLOYER		JOB TITLE			
ADDRESS		STREET AND NUMBER		CITY	STATE
				KIND OF BUSINESS	

(CONTINUED TO PAGE 4)

PAGE 5

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 4)				
YOUR DUTIES AND SPECIALTY			NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY	PER
REASONS FOR LEAVING				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER CITY STATE			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALTY			NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY	PER
REASONS FOR LEAVING				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER CITY STATE			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALTY			NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED ON WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS:				
NONE				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Cartha D. DeLoach	2104 Dexter Avenue, Silver Spring, Maryland			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Herbert W. Causer	42 Ralph Talbot Street, No. Weymouth, Mass.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Phillip H. Causer	RFD #1, Harwell, Mass.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Thomas Galpin	102 W. Philadelphia, Youngstown, Ohio			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Edward L. Timmerman	FBI, Post Office Building, Youngstown, Ohio			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
James Bracubian	91 Calverton, Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Ethanial Johnson	Hildaroon Avenue, Silver Spring, Maryland			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Alfred Eddy	3104 Dexter Avenue, Silver Spring, Maryland			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Edward Fitch	8510 Northampton, Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Dana Carson	5528 Capital Bldg, Alexandria, Virginia			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST RESIDENTIAL ADDRESS)				

(CONTINUED TO PAGE 7)

<b>SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)</b>			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
<b>SECTION 16. MISCELLANEOUS</b>			
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IF ANSWER IS "YES" EXPLAIN BELOW:			
DO YOU USE, OR HAVE YOU USED INTOXICANTS? Yes			
HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE. No			
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF ANSWER IS "YES", GIVE DETAILS BELOW: Not applicable			
<b>SECTION 17. FINANCIAL BACKGROUND</b>			
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.			
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS City Bank - Washington, D. C.			
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:			
<b>SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES</b>			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Necht Co.	Washington, D. C.		
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
G. M. McKelvey Co.	Federal Street, N Youngstown, Ohio		
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Streuss-Hirschberg Co.	Federal Street, Youngstown, Ohio		
<b>SECTION 19. RESIDENCES FOR PAST 15 YEARS</b>			
FROM: birth	TO: 1939	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		40 Greenwood Street, Amesbury, Massachusetts	
FROM: 1939	TO: 1941	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
FROM: May 1941	TO: Mar. 1942	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		40 Greenwood Street, Amesbury, Massachusetts	

(CONTINUED TO PAGE 8)

PAGE 7



**SECTION 23. GENERAL QUALIFICATION**

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

As a Special Agent, with the F.B.I. I have had experience in the execution & supervision of investigations of a criminal & security nature.

**SECTION 24. SPORTS AND HOBBIES**

I played Varsity Football in college & am interested in all sports.

**SECTION 25. EMERGENCY ADDRESSEE**

NAME <b>Mrs. William V. Broo</b>		RELATIONSHIP <b>wife</b>	
ADDRESS <b>2116 Dexter Avenue, Silver Spring, Maryland</b>	CITY <b>Silver Spring</b>	STATE <b>Maryland</b>	COUNTRY <b>USA</b>
		TELEPHONE <b>SH 2825</b>	

**SECTION 26. INFORMATION AND FINAL COMMENTS**

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

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, IF NOT, ANSWER, "NO".

NO

**SECTION 27. CERTIFICATION**

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT \_\_\_\_\_  
City State  
\_\_\_\_\_  
Witness

DATE **May 10, 1948**  
\_\_\_\_\_  
/s/ William V. Broo  
Signature of Applicant



14-00000

**CONFIDENTIAL**

Chief, Communications Division

6 December 1950

Chief, Personnel Security Branch

BROE, William Vincent - 35706

In reply to your memorandum dated 1 December 1950, this is to advise that Subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

ERIAL P. GRISS

SED

**CONFIDENTIAL**

**SECRET**

SECURITY APPROVAL

CONFIDENTIAL

To : Chief, ~~PERSONNEL DIVISION~~ Deputy Personnel Officer Date: 17 May 1949  
From : Executive for Inspection and Security Number: 25,706  
Subject: REGE, William Vincent

## 1. Note "I" below:

☒ X

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

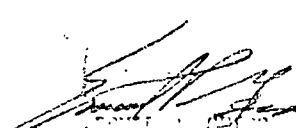
☐

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

☒ X

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

## 2. Your memorandum dated 7 June 1948 stated Subject is an applicant for OSO-FBE.

  
\_\_\_\_\_  
Chief, Personnel Security Division

CONFIDENTIAL

**SECRET**

LEO CHERNE

MASTRICOLA, Bruce G. file #21 consolidated

SECRET - SECURITY INFORMATION

SECRET PERSONNEL

OF PERSONNEL  
RETURN FILE TO SG-US HQS

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "N/A" when items are not applicable. Forward original and one copy for preparation of contract.		T. Cobb	WH/III/Carib
		TELEPHONE EXTENSION	DATE
		2056	1 June 59
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE	2. PROJECT	3. ALLOCATION NO.	4. SGT NO.
Bruce G. MASTROCOLA	Headquarters Support	9-3500-10-200	
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
None	His business firm furnished cover for a CIA agent. Personal friend and confidant of DCI		
7. SECURITY CLEARANCE (Type and date)		8. CONTRACT IS TO BE REPLIED IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
FOIA C-11118, 28 May 59			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
		Contract Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)
USA		46	8 September 1912
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
New York, N.Y.		New York, N.Y.	
17. MARITAL STATUS (Check as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
wife 1 daughter 1/2  (no others known)			
SECTION III U.S. MILITARY STATUS			
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
Not Known	Not Known		
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY	28. POST DIFFERENTIAL	29. PAY (Base Pay, if any)	30. TAXES TO BE WITHHELD BY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
\$50.00 per day (not to exceed \$265 per wk.)	WAE	Natural	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS	32. POST	33. OTHER	
NA	NA	NA	
34. COVER (Breakdown, if any)			
NA			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
Yes	Yes	operational Expenses Representation allowance	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)				FACE OFFICER <b>T. Cobb</b>		DIVISION <b>WH/III/Carib</b>	
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.				TELEPHONE EXTENSION <b>2056</b>		DATE <b>1 June 59</b>	
SECTION VIII				OTHER BENEFITS			
48. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R. 15-130 or successor regulations.)							
SECTION IX				COVER ACTIVITY			
47. STATUS (Check)		48. TYPE (Check)		49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input checked="" type="checkbox"/> PROPRIETARY <input checked="" type="checkbox"/> ESTABLISHED		<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIARY		<input checked="" type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> MILITARY		<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER	
<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 EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)							
<input type="checkbox"/> TOTAL				<input type="checkbox"/> PARTIAL		<input checked="" type="checkbox"/> NONE	
SECTION XI				TERM			
51. DURATION		52. EFFECTIVE DATE		53. RENEWABLE			
DAYS MONTHS YEARS		5 June 59		<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			
30				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SECTION XII				FUNCTION			
56. PRIMARY FUNCTION (FI, PP, other)							
PP							
SECTION XIII				DUTIES			
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED							
High level contacts with Cuban Government officials for political action purposes (subsidiary FI-type reporting also expected from Subject).							
SECTION XIV				QUALIFICATIONS			
58. EXPERIENCE							
Imminent authority on government, business, taxes, foreign trade. High-level contacts in Cuban Government.							
59. EDUCATION		GRADE SCHOOL		HIGH SCHOOL GRADUATE		TRADE SCHOOL GRADUATE	
(Check Highest Level Attained)		BUSINESS SCHOOL GRADUATE		COMMERCIAL SCHOOL GRADUATE			
COLLEGE (No Degree)		COLLEGE DEGREE		POST GRADUATE		MA PHD	
60. LANGUAGE COMPETENCY		SPEAK		WRITE		READ	
Unknown (Check Appropriate Degree Competency)		FLUENT AVERAGE POOR		FLUENT AVERAGE POOR		FLUENT AVERAGE POOR	
61. INDIVIDUAL'S COUNTRY OF ORIGIN							
62. AREA KNOWLEDGE							
Frequent travel into target area.							
SECTION XV				PRIOR EMPLOYMENT			
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA							
Executive secretary of a research institute (current employment) Member of International Rescue Committee							
SECTION XVI				ADDITIONAL INFORMATION			
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)							
<input type="checkbox"/> OVER							
APPROVAL							
DATE		TYPED NAME & SIGNATURE OF DIVISION OFFICER		DATE		TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER	
		<b>R. N. DAHLGREN, C/WH/III</b>				<b>F. E. ARNESON, C/WH/Support</b>	

SECRET

SECRET

Mr. Bruce C. Mastricola

Dear Mr. Mastricola:

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services you will be paid a fee of \$50 for any day or fraction thereof during which you are utilized under this agreement, not to exceed \$265 per week. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom, but it will be your responsibility to report such income under existing Federal income tax laws and regulations. An appropriate Form 1099 will be furnished by the Government in furtherance of its tax reporting requirement.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your domestic permanent post of assignment. Payment and accounting for such expenses will be in substantial conformance with applicable Government regulations.

3. 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 accounting in substantial compliance with Government regulations.

4. 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.

5. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

6. 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 1942, as amended, and other applicable laws and regulations.

SECRET

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

8. 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.

9. Term. This contract is effective as of 5 June 1959, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By thirty (30) days' actual notice by either party hereto, or

(b) 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. 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: \_\_\_\_\_

Brace G. Mastrocola

WITNESS: \_\_\_\_\_

APPROVED: \_\_\_\_\_

*RMH/pt - 4 June 59*  
*3/4/59/Support*

C. A.

C. A. Dim Cobl 12656

SECRET

SECRET



14-00000

**CIA RESUME - DAVID L. CHRIST**

**October 1950 - January 1958**

**Deputy Chief, Applied Physics Branch.**

Recruitment, development and supervision of up to 20 professionals - electronic engineers and physicists - in research, development and engineering.

Technical areas covered - electronics, acoustics, optics, electro-optics, magnetics, electromagnetics, solid-state physics.

Typical Programs: (Communications, etc.) RF systems, microphones, recorders, transmitters, receivers, amplifiers, control systems, signal processing and enhancement, radar systems, audio and video circuitry and devices.

**January 1958 - August 1963**

**Chief, Technical Applications Group.**

Supervised 30 engineers and technicians.

Engineered, produced, tested and evaluated components, devices and systems such as listed above. Developed administrative, logistics, supply and training programs, and reliability procedures and programs to implement their effective application.

**August 1963 - November 1970**

**Chief, Applied Physics Division**

Recruited, developed and supervised professionals - scientists and engineers, GS-12 to GS-15, one SPS-4, in advanced R&D programs.

CIA Resume - David L. Christ---2

Primary emphases were on new advanced components, devices, systems and concepts for intelligence support activities. Basic orientation -- advanced systems concepts based on microtechnology.

Technical areas -- Microelectronics (particularly micropower), solid-state physics, acoustics, electro-optics, electromechanics, avionics, stability and control, navigation, communications (analogue and digital), radar systems.

Typical programs -- Solid-state components and devices; communication systems--audio, video, telemetry; sensors--acoustic, optical, nuclear, RF, etc.; avionic subsystems; data processing; power sources; electronic equipments, dc to microwave; antennas; systems study and analysis.

ADMINISTRATIVE - INTERNAL USE ONLY

21 December 1970

MEMORANDUM FOR: Mr. David L. Christ

THROUGH : Deputy Director for Science and Technology

THROUGH : Director of Research and Development

SUBJECT : Intelligence Medal of Merit

1. The Honor and Merit Awards Board is pleased to notify you that the award named above will be conferred on you in recognition of the excellent service you have rendered this Agency. Security considerations relevant to the award are explained in the attached memorandum from the Office of Security.

2. The award will be presented to you at a ceremony to be held in the near future. Members of your family, Agency associates, and intimate friends who are aware of your Agency affiliation may attend the ceremony.

3. Invitations to the ceremony will be extended by the Secretariat, Honor and Merit Awards Board, Office of Personnel, extension 3645. Please send to that office the names and phone numbers of the guests you would like to have invited, and indicate any dates on which you would not be available for such a ceremony.

/Sec/ Robert M. Gaynor

ROBERT M. GAYNOR

Recorder

Honor and Merit Awards Board

Distribution:

Orig - Addressee

1 - D/ORD

1 - D/Pers Reader Chrono/OPF

1 - Sec't, HMAB

1 - Recorder, HMAB

ADMINISTRATIVE - INTERNAL USE ONLY

REPORT OF HONOR AND MERIT AWARDS BOARD				Executive Order 127		DATE	
The Honor and Merit Awards Board having considered a recommendation that:				70-5969		17 November 1970	
SERIAL OR ID NO.	NAME (Last-First-Middle)	BIRTH YEAR	SEX	TYPE EMPLOYEE			
	CHRIST, David L.	1918	M				
OFFICE OF ASSIGNMENT	SD	SCHEDULE	GRADE	STATION			
DDS&T/ORD			GS-16				
BE AWARDED							
<b>Intelligence Medal of Merit</b>							
<input type="checkbox"/> FOR HEROIC ACTION ON							
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD Nov 1950-Nov 1970							
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL <input type="checkbox"/> DOES NOT RECOMMEND APPROVAL							
<input type="checkbox"/> RECOMMENDS AWARD OF							
UNCLASSIFIED CITATION							
<p>Mr. David L. Christ is hereby awarded the Intelligence Medal of Merit in recognition of his outstanding career and his many contributions to the mission of the Central Intelligence Agency. His imaginative, innovative thinking and his tireless efforts, marked by a thorough knowledge of intelligence operations, have been instrumental in developing programs of significance. His devotion to superior standards of performance at home and abroad has been an inspiration to his colleagues and brings great credit upon him and the Federal Service.</p>							
(Recommendation originated by D/ORD on 2 November 1970)							
REMARKS							
APPROVED				SIGNATURE			
/s/ Richard Helms				/s/ Robert S. Wattles			
DIRECTOR OF CENTRAL INTELLIGENCE				TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD			
16 DEC 1970				ROBERT S. WATTLES			
DATE				SIGNATURE			
				Signed Original			
				TYPED NAME OF RECORDER			
				ROBERT M. GAYNOR			

B9JH 27 NOV 70

DEF								NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
059090		CHRIST DAVID L									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RETIREMENT-VOLUNTARY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM						11/30/70		REGULAR			
6. FUNDS		7. V TO V		8. V TO CF		9. FROM NO. ANALYST NO. CHARGEABLE		10. CSC OR OTHER LEGAL AUTHORITY			
X						1262 2200 0000		PL 88-643 SECT. 233			
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
13. POSITION TITLE						14. POSITION NUMBER		15. SERVICE DESIGNATION			
PHYS SCIEN RES CH						0088		R			
16. CLASSIFICATION SCHEDULE (GS, LB, etc.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
GS				1301.11		16 8		32742			
20. REMARKS											
SIGNATURE OR OTHER AUTHENTICATION											

SECRET

(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

22 October 1970

E  
44

1. SERIAL NUMBER 059090		2. NAME (Last-First-Middle) Christ, David L.	
3. NATURE OF PERSONNEL ACTION RETIREMENT (VOLUNTARY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE REQUESTED MONTH 11 DAY 30 YEAR 70	
5. FUNDS X V TO V CF TO V		6. FINANCIAL ANALYSIS NO CHARGEABLE 1262-2200	
7. ORGANIZATIONAL DESIGNATIONS DD/S&T ORD Applied Physics Div.		8. LEGAL AUTHORITY (Completed by Office of Personnel) P.L. 80-643 Sect. 233	
9. LOCATION OF OFFICIAL STATION Wash., D. C.		10. POSITION TITLE Phys Scien-Res-CH	
11. POSITION NUMBER 0088		12. CAREER SERVICE DESIGNATION R	
13. CLASSIFICATION SCHEDULE (GV, LR, etc.) GS		14. OCCUPATIONAL SERIES 1301.11	
15. GRADE AND STEP 16 32		16. SALARY OR RATE 11,857	
17. REMARKS Last working day: 30 November 1970  cc: Payroll Security Recommended for the Reserve List per <i>James J. Connolly</i> 30 Oct 70 1152 telecord w/ <i>James J. Connolly</i> , ROB, 11/3/70.  18A. SIGNATURE OF REQUESTING OFFICIAL <i>James J. Connolly</i> , VO/ORD DATE SIGNED 23 Oct 70  18B. SIGNATURE OF CAREER SERVICE OFFICIAL <i>Stephen L. Aldrich</i> , M. D. DATE SIGNED 10/27/70  SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  19. ACTION CODE 45 20. EMPLOY CODE 10 21. OFFICE CODING NUMERIC 22. STATION CODE 23. INTEGRITY CODE 24. HOODS CODE 25. DATE OF BIRTH 26. DATE OF GRADE 27. DATE OF LEI 28. NTE EXPIRES 29. SPECIAL REFERENCE 30. RETIREMENT DATA 31. SEPARATION DATA CODE 32. CORRECTION, CANCELLATION DATA 33. SECURITY REQ NO 34. SEC 35. VET PREFERENCE 36. SERV. COMP DATE 37. LONG COMP DATE 38. CAREER CATEGORY 39. HEALTH/HEALTH INSURANCE 40. SOCIAL SECURITY NO 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE 42. LEAVE CAT CODE 43. FEDERAL TAX DATA 44. STATE TAX DATA 45. POSITION CONTROL CERTIFICATION 46. OP APPROVAL 47. DATE APPROVED 30 Oct 70			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1 SERIAL NUMBER 059090										8 October 1970	
2 NAME (Last-First-Middle) CHRIST, DAVID L.											
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 18 70		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS E 44		X		V TO V		V TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 1262 2200		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
9 ORGANIZATIONAL DESIGNATIONS DD/S&T/ORD						10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.					
11 POSITION TITLE						12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION R			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)				15 OCCUPATIONAL SERIES		16 GRADE AND STEP 16		17 SALARY OR RATE \$			
18 REMARKS											
19A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEREST CODE		24 MONTHS CODE	
										25 DATE OF BIRTH MO DA YR	
										26 DATE OF GRADE MO DA YR	
										27 DATE OF LEL MO DA YR	
28 HRS EMPLOY MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-OSC 2-ORGN 3-FICA 4-None		31 SEPARATION DATA CODE		32 CORRECTION/CORRELATION DATA TYPE MO DA YR		33 SECURITY REQ. NO	
										34 SEX	
35 YES PREVIOUSLY		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CODE		39 FEEL HEALTHY/CHARGEABLE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-20 YEARS IN SERVICE 2-21-30 YEARS IN SERVICE (LESS THAN 3 YEARS) 3-31+ YEARS IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA CODE NO TAX EXEMPTIONS 1-YES 2-NO				44 STATE TAX DATA CODE NO TAX STATE CODE 1-YES 2-NO	
45 POSITION CONTROL CERTIFICATION 10-16-70						46 OF APPROVAL 16 Oct 70				DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

OP-1 7-70

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 18 April 1967							
1. SERIAL NUMBER 059090		2. NAME (Last-First-Middle) Christ, David L.															
3. NATURE OF PERSONNEL ACTION Reassignment					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR ASAP		5. CATEGORY OF EMPLOYMENT Regular										
6. FUNDS		X		V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE 7262-1000		8. LEAD AUTHORITY (Completed by Office of Personnel)							
		C TO V		C TO C													
9. ORGANIZATIONAL DESIGNATIONS DD/S&T ORD Applied Physics Division					10. LOCATION OF OFFICIAL STATION Washington, D. C.												
11. POSITION TITLE Phys Scien-Res-Ch					12. POSITION NUMBER 0088		13. CAREER SERVICE DESIGNATION R										
14. CLASSIFICATION SCHEDULE (GS, LH, etc.) GS			15. OCCUPATIONAL SERIES 1301.11		16. GRADE AND STEP 16 5		17. SALARY OR RATE \$ 22,755										
18. REMARKS  cc: Payroll																	
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Charles W. Candiano</i> Charles W. Candiano					DATE SIGNED 18 Apr 67		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL <i>Robert F. Zunzer</i> Robert F. Zunzer					DATE SIGNED 18 Apr 67					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING 52370 ORP		22. STATION CODE 25013		23. INTEGREE CODE		24. REQUEST CODE		25. DATE OF BIRTH MO. DA. YR. 01/20/18		26. DATE ON GRACE MO. DA. YR.		27. DATE OF LIT MO. DA. YR.	
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSE 2-1/2 3-N/A		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ NO		34. SEX		35. EOD DATA			
36. SERV COMP DATE MO. DA. YR.		37. LONG COMP DATE MO. DA. YR.		38. CAREER CATEGORY CAR. SERV. PROB. TEMP.		39. REG. HEALTH INSURANCE CODE CODE CODE 0-WAITER 1-YES		40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	
45. POSITION CONTROL CERTIFICATION					46. O.P. APPROVAL <i>Bob Bone</i>					DATE APPROVED <i>21 Apr 67</i>							



SECRET

ORD 4331-67

28 July 1967

**MEMORANDUM FOR:** Office of Training Registrar

**THROUGH :** TO/ORD

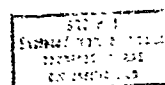
**SUBJECT :** Evaluation of Contract Management Institute Course

1. I attended the Contract Management Institute on 28 to 31 March 1967. Immediately after that course I submitted extensive comments to Mr. Arthur Leach, DD/S&T coordinator for the course, and I understand that those comments were included in the overall recommendations for future changes.

2. Since three and one-half months have transpired since completion of that course, details such as the names of speakers and subject material are a bit hazy but I will repeat my overall reaction to it for whatever benefit it might afford. The course material was good although it could have been oriented much more toward technical project managers rather than administrative officers, to the ultimate benefit of DD/S&T. Two of the speakers were excellent; however, the third, who also was apparently Director of the Institute was very poor both with respect to his understanding of the material and his presentation. Dr. Kennedy of Notre Dame and the lawyer, whose name I do not recall, were excellent.

3. This was primarily a sales pitch for CPIF contracts. My personal impression was that U.S. Government contracting agencies have just about completed the circle of a great procurement fiasco. In departing from fixed-price and CPFF contracts to CPIF's with various award arrangements, the contract negotiators were unable to really ever define cost and ended up invariably in giving away additional fees to the contractors for nothing received. Definitive costs were always a function of experienced and sound

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14-00000

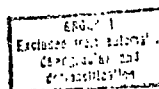
SECRET

Subject: Evaluation of Contract Management Institute  
Course

technical investigation and management of a contract and whenever costs followed a nonlinear curve, most estimates became almost completely unpredictable. NASA and the DoD generally have, therefore, gone from CPIF types to CPAF-type contracts; the CPAF type ends up being simply another CPFF but with the contractor having the advantage in the establishment of an award fee and with the Government having no recourse to redetermination. My reaction was simply that the DoD experience simply reaffirms my own -- that for R&D there appears to be no good substitute for a well-managed CPFF-type arrangement.

DAVID L. CHRIST  
C/AP/ORD/DD/S&T

SECRET



14-00000

S-E-C-R-E-T

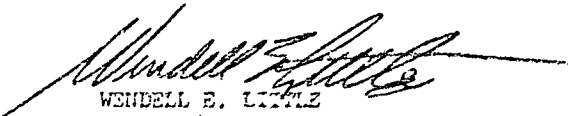
MEMORANDUM FOR: David L. Christ

VIA : Chief, T23

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 26 August 1958, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

  
WENDELL E. LITTLE  
DDP/RMG

cc: Personnel Jacket of Addressee

S-E-C-R-E-T

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <b>059090</b>		2. NAME (Last-First-Middle) <b>CHRIST, David L.</b>		19 September 1963	
3. NATURE OF PERSONNEL ACTION <b>Reassignment, Change of SD and Transfer to Vouchered Funds</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>09 29 63</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF			7. COST CENTER NO. CHARGEABLE <b>4262-1000-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DD/S&amp;T Office of Research and Development Analysis Division Office of the Chief</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>TO Physical Scien</b>			12. POSITION NUMBER <b>0061</b>		13. CAREER SERVICE DESIGNATION <b>R</b>
14. CLASSIFICATION SCHEDULE (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) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1301.01</b>		16. GRADE AND STEP <b>16-3</b>	
17. SALARY OR RATE <b>17,000</b>			18. REMARKS <b>Personal Rank Assignment under the provisions of HR 21c(5) for a period not to exceed 18 months.</b> <b>1 copy - Payroll Branch</b> <b>1 copy - Office of Security</b> <b>CONCUR: for CSES</b> <b>RW Sherry</b> <b>CSPD</b> <b>Charles W. Sandman</b> <b>19 Sept 63</b> <b>13 Sept 63</b> <b>Mr Christ is knowledgeable and accepts change in SD to R.</b> <b>B. Bond</b> <b>Security Approval Granted by Para. 82/83 5/16/63</b> <b>24 Sept 63</b>		
19. SIGNATURE OF REQUESTING OFFICIAL <b>Charles W. Sandman</b> <b>19 Sept 63</b>					
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>Asper L. Olmstead</b> <b>20 Sept 63</b>					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE <b>16 10</b>		22. OFFICE CODE <b>22-1000 R.D.</b>		23. STATION CODE <b>7-013</b>	
24. EMPLOYEE CODE <b>1</b>		25. DATE OF BIRTH <b>01/20/18</b>		26. DATE OF GRADE <b>01/20/18</b>	
27. DATE OF LEI		28. SECURITY REQ. NO.		29. SEX	
30. VET. PREFERENCE		31. SEPT. COMP. DATE		32. LONG. COMP. DATE	
33. CARRIER CODE		34. FEEDBACK / HEALTH INSURANCE		35. SOCIAL SECURITY NO.	
36. PREVIOUS GOVERNMENT SERVICE DATA		37. LEAVE CAT. CODE		38. FEDERAL TAX DATA	
39. STATE TAX DATA		40. FORM EXECUTED		41. STATE CODE	
42. POSITION CONTROL CERTIFICATION <b>Security Concurrence from TSD</b> <b>29 SEP 1963</b>		43. O.P. APPROVAL <b>D. H. Bond for AD Pass</b> <b>24 Sept 63</b>		44. DATE APPROVED	

FORM 1152 OBSOLETE PREVIOUS EDITION  
4.62 1152 AND FORM 1152a.

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		30 April 1963	
059090		CHRIST, DAVID L.			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT &amp; CHANGE OF SERVICE DESIGNATION</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 22 63		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		3125-1990-1000			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD Development Complement</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D. C.</b>		
11. POSITION TITLE <b>PHYSICAL SCIENTIST</b>			12. POSITION NUMBER <b>9997</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1301.07</b>		17. SALARY OR RATE <b>17.000</b>	
16. GRADE AND STEP <b>16 (3)</b>					
18. REMARKS <b>FROM: IAS Foreign Field Undetermined.</b>					
cc: Security					
19A. SIGNATURE OF REQUESTING OFFICIAL <b>JAMES R. SHIELDS</b>		DATE SIGNED		19B. SIGNATURE OF SERVICE APPROVING OFFICER <b>JAMES R. SHIELDS, TSD/CMO</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
1A. ACTION CODE <b>37</b>	10. EMPLOY CODE <b>16</b>	11. OFFICE CODE NO. NUMERIC ALPHABETIC <b>4694715</b>	12. STATION CODE <b>75012</b>	13. INTEREST CODE	14. MONTHS CODE <b>1</b>
15. DATE EXPIRES MO. DA. YR. <b>1 1 63</b>	16. PRECISE REFERENCE	17. RETIREMENT DATA 1 - OSD 3 - FICA 4 - NONE	18. SEPARATION DATA CODE	19. CONNECTION/CANCELLATION DATA TYPE MO. DA. YR. <b>1 1 63</b>	20. DATE IN LET MO. DA. YR.
21. VET. PREFERENCE CODE 1 - NONE 2 - 5 YR. 3 - 10 YR.		22. SERV. COMP. DATE MO. DA. YR.	23. LONG. COMP. DATE MO. DA. YR.	24. MIL. SER. CREDITED 1 - YES 2 - NO	25. SOCIAL SECURITY NO.
26. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE 3 - BREAK IN SERVICE (LONGER THAN 12 MOS.) 4 - BREAK IN SERVICE (SHORTER THAN 12 MOS.)		27. LEAVE CAT. CODE	28. FEDERAL TAX DATA 1 - YES 2 - NO	29. STATE TAX DATA 1 - YES 2 - NO	30. SOCIAL SECURITY NO.
45. POSITION CONTROL CERTIFICATION			46. O.P. APPROVAL <b>706-00</b>		

FORM 1152 USE PREVIOUS EDITION.

SECRET

(4)

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>21 November 1962</b>	
1. SERIAL NUMBER <b>059090</b>		2. NAME (Last-First-Middle) <b>SRB SPECIAL</b>					
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>11</b> DAY <b>25</b> YEAR <b>62</b>		5. CATEGORY OF EMPLOYMENT <b>SRB SPECIAL</b>	
6. FUNDS 		V TO V CF TO V		V TO CF X CF TO CF		7. COST CENTER NO. CHARGEABLE <b>3176-1062-1000</b>	
8. ORGANIZATIONAL DESIGNATIONS <b>IAS FOREIGN FIELD SPECIAL DETAIL FOREIGN</b>				9. LEGAL AUTHORITY (Completed by Office of Personnel)			
10. LOCATION OF OFFICIAL STATION <b>OVERSEAS UNDETERMINED</b>							
11. POSITION TITLE <b>GENERAL POSITION</b>				12. POSITION NUMBER <b>0803</b>		13. CAREER SERVICE DESIGNATION <b>UD</b>	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1301.07</b>		16. GRADE AND STEP <b>16-3</b>		17. SALARY OR RATE <b>\$17,000</b>	
18. REMARKS <i>This action taken in compliance with oral instructions from DDCR (Gen. Carter) to DDS (Col. White) on 21 Nov. 62</i> <i>B. DeFelice</i>							
19A. SIGNATURE OF REQUESTING OFFICIAL <b>B. DeFelice</b> <b>AC/Benefits &amp; Services Division</b>				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>27</b>	20. EMPLOY CODE <b>52</b>	21. OFFICE CODING NUMERIC <b>20974</b> ALPHABETIC <b>145</b>		22. STATION CODE <b>99999</b>	23. INTEREST CODE <b>3</b>	24. WIDOWS CODE <b>01120118</b>	25. DATE OF BIRTH MO. <b>01</b> DA. <b>12</b> YR. <b>18</b>
26. DATE EMPLOYER MO. <b>01</b> DA. <b>12</b> YR. <b>62</b>		27. SPECIAL REFERENCE 1 - YES 2 - NO		28. RETIREMENT DATA CODE	29. SEPARATION DATA CODE	30. CORRECTION/CANCELLATION DATA MO. <b>01</b> DA. <b>12</b> YR. <b>62</b>	31. SECURITY REQ. NO.
32. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT		33. SERV. COMP. DATE MO. <b>01</b> DA. <b>12</b> YR. <b>62</b>		34. LONG. COMP. DATE MO. <b>01</b> DA. <b>12</b> YR. <b>62</b>	35. CAREER CATEGORY CODE 1 - YES 2 - NO	36. FEEDBACK / HEALTH INSURANCE CODE 0 - NO 1 - YES	37. SOCIAL SECURITY NO.
38. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				39. RELEASE CAT. CODE	40. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		
41. POSITION CONTROL CERTIFICATION				42. U.S.P. APPROVAL <i>[Signature]</i>		43. DATE APPROVED <b>21 Nov 1962</b>	

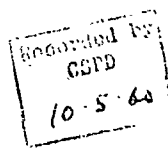
**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>23 June 1961</b>	
1. SERIAL NUMBER <b>059090</b>		2. NAME (Last-First-Middle) <b>SRB SPECIAL</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND CHANGE OF CAREER SERVICE <i>Reassignment</i></b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>7 1 61</b>		5. CATEGORY OF EMPLOYMENT <b>SRB SPECIAL</b>
6. FUNDS 		7. COST CENTER NO. CHARGEABLE <b>2165-1062-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>IAS FOREIGN FIELD SPECIAL DETAIL FOREIGN</b>			10. LOCATION OF OFFICIAL STATION <b>OVERSEAS UNDETERMINED</b>		
11. POSITION TITLE <b>GENERAL POSITION</b>			12. POSITION NUMBER <b>803</b>	12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION <b>UD</b>
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1301:07</b>	16. GRADE AND STEP <b>15 3</b>	17. SALARY OR RATE <b>14,380</b>	
18. REMARKS					
19A. SIGNATURE OF REGULATING OFFICIAL <i>John L. Bischoff</i> <b>Chief, Benefits and Services Division</b>			19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Harry W. Latta</i> <b>Director of Personnel</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE <b>37</b>	21. EMPLOY CODE <b>52</b>	22. OFFICE LOCATION NUMBER ALPHABETIC <b>29444 1A5</b>	23. STATION CODE <b>9999</b>	24. HOLIDAY CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>61 10 18</b>
26. DATE OF ENTRY MO. DA. YR.		27. DATE OF LEAVE MO. DA. YR.		28. DATE OF DEATH MO. DA. YR.	
29. DATE OF EXPIRATION MO. DA. YR.		30. RETIREMENT DATA 1 - LSC 2 - FICA 3 - NONE		31. SEPARATION DATA 1 - YES 2 - NO	
32. CORRECTION DATA 1 - YES 2 - NO		33. MILITARY SERVICE DATA 1 - YES 2 - NO		34. SOCIAL SECURITY NO.	
35. VET. PREFERENCE 1 - NONE 2 - 5 PT. 3 - 10 PT.		36. SENIORITY DATA MO. DA. YR.		37. MILITARY SERVICE DATA 1 - YES 2 - NO	
38. PREVIOUS ASSIGNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)		39. MILITARY SERVICE DATA 1 - YES 2 - NO		40. SOCIAL SECURITY NO.	
41. POSITION CONTROL CERTIFICATION		42. O.P. APPROVAL			

20. OBSOLETE PREVIOUS EDITIONS

**SECRET**

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>5 Oct 1960</b>	
1. SERIAL NUMBER <b>59090</b>		2. NAME (Last-First-Middle) <b>CHRIST, David L.</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>10 02 60</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> V TO V  X V TO CF  CF TO V  CF TO CF </div> </div>		7. COST CENTER NO. CHARGEABLE <b>1125-1007-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD Technical Aids Audio Support Branch Office of the Chief</b>			10. LOCATION OF OFFICIAL STATION <b>Wash., D.C.</b>		
11. POSITION TITLE <b>PHYSICAL SCIEN-CH</b>			12. POSITION NUMBER <b>609</b>	12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1301.07</b>	16. GRADE AND STEP <b>15 03</b>		17. SALARY OR RATE <b>14,380</b>
18. REMARKS <div style="text-align: right; margin-top: 20px;">  </div>					
19A. SIGNATURE OF REQUESTING OFFICIAL <b>JAMES R. SHIELDS</b>			19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James R. Shields</i> <b>JAMES R. SHIELDS TSD/CMO</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
1. ACTION CODE <b>2.0</b>	2. EMPLOYEE CODE <b>10</b>	3. OFFICE CODE <b>10</b>	4. POSITION CODE <b>1301.07</b>	5. GRADE AND STEP <b>15 03</b>	6. SALARY OR RATE <b>14,380</b>
7. DATE OF ACTION <b>10/02/60</b>	8. DATE OF REVIEW <b>10/02/60</b>	9. DATE OF ACTION <b>10/02/60</b>	10. DATE OF REVIEW <b>10/02/60</b>	11. DATE OF ACTION <b>10/02/60</b>	12. DATE OF REVIEW <b>10/02/60</b>
13. ACTION REFERENCE <b>10-5-60</b>		14. ACTION REFERENCE <b>10-5-60</b>		15. ACTION REFERENCE <b>10-5-60</b>	
16. ACTION REFERENCE <b>10-5-60</b>		17. ACTION REFERENCE <b>10-5-60</b>		18. ACTION REFERENCE <b>10-5-60</b>	
19. ACTION REFERENCE <b>10-5-60</b>		20. ACTION REFERENCE <b>10-5-60</b>		21. ACTION REFERENCE <b>10-5-60</b>	
22. ACTION REFERENCE <b>10-5-60</b>		23. ACTION REFERENCE <b>10-5-60</b>		24. ACTION REFERENCE <b>10-5-60</b>	
25. ACTION REFERENCE <b>10-5-60</b>		26. ACTION REFERENCE <b>10-5-60</b>		27. ACTION REFERENCE <b>10-5-60</b>	
28. ACTION REFERENCE <b>10-5-60</b>		29. ACTION REFERENCE <b>10-5-60</b>		30. ACTION REFERENCE <b>10-5-60</b>	
31. ACTION REFERENCE <b>10-5-60</b>		32. ACTION REFERENCE <b>10-5-60</b>		33. ACTION REFERENCE <b>10-5-60</b>	
34. ACTION REFERENCE <b>10-5-60</b>		35. ACTION REFERENCE <b>10-5-60</b>		36. ACTION REFERENCE <b>10-5-60</b>	
37. ACTION REFERENCE <b>10-5-60</b>		38. ACTION REFERENCE <b>10-5-60</b>		39. ACTION REFERENCE <b>10-5-60</b>	
40. ACTION REFERENCE <b>10-5-60</b>		41. ACTION REFERENCE <b>10-5-60</b>		42. ACTION REFERENCE <b>10-5-60</b>	
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REQUEST FOR PERSONNEL ACTION										VOUCHERED 23 June 1958	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Vet. Prof.		5. CS - EOD	
159090		CHRIST DAVID L				Mo. Da. Yr. 01 20 18		None-0 5 Pt-1 10 Pt-2		Mo. Da. Yr. 11 16 50	
7. SCB		8. CSC Reem.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCU	
Mo. Da. Yr. 05 13 47		Yes-1 No-2		Code 1		50 USCA 403		Mo. Da. Yr. 11 16 50		Yes-1 No-2	

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP TSS TECHNICAL AIDS AUDIO SUPPORT DIV OFFICE OF THE CHIEF				4448		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - USMld - Fgn -		Code 2		PHY SCI CH		0609		65		1301.07	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 6		\$11395 12 37		DT		Mo. Da. Yr. 03 28 54		Mo. Da. Yr. XX XX XX		8 2507 20	

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		30. Separation Data	
PROMOTION				Mo. Da. Yr. 07 13 58 29 JUL 1958		REGULAR			

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
				4448							
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - USMld - Fgn -		Code									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
15 28		\$12600 11 11				Mo. Da. Yr. 12 27 57		Mo. Da. Yr. 12 27 57		8 2507 20	

### SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature)	
		JAMES R. SHIELDS	
B. For Additional Information Call (Name & Telephone Ext.)		Career Management Officer, TSS	
Dave Richards Ext. 3031			

### CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pay Control			E.		
C. Classification			F. Approved By		
Remarks					

SECRET

Classify According  
To Content.

27 Feb 58

REQUEST FOR PERSONNEL ACTION												VOUCHER			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Ver. Prof.		5. Sex		6. CS - EOD		
		CHRIST, DAVID L.				Mo Da Yr 01 20 18			None-0 5 Pr-1 10 Pr-2		Code M		Mo Da Yr		
7. SCD		8. CSC Rating		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Civil Lcd		
Mo Da Yr		Yes - 1 No - 2		Code		Mo Da Yr			Yes - 1 No - 2		Mo Da Yr		Yes - 1 No - 2		

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP TSS RESEARCH AND DEVELOPMENT APPLIED PHYSICS DIVISION OFFICE OF THE CHIEF						WASHINGTON, D.C.					
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - Unfld. Frag -		X Code		ZLEC ENGR D CH		140		GS		0355.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 6		\$ 11,395		DT		Mo Da Yr		Mo Da Yr		8-2509-20	

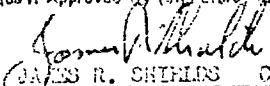
## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		9 MAR 1958		REGULAR		01			

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP TSS TECHNICAL AIDS AUDIO SUPPORT DIVISION OFFICE OF THE CHIEF				4448							
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - Unfld. Frag -		X Code		PHYSICAL SCIENCE CH		609 KPA		GS		1301.07	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$				Mo Da Yr		Mo Da Yr		8-2509-20	

## SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
B. For Additional Information Call (Name & Telephone Ext.)		 JAMES R. SMITHS CMO TSS	
DAVE RICHARDS EXT 1111 2021			

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	WTH		E.		
C. Classification			F. Approved By Robert W. Sherry		27-4 MAR 1958

Remarks

DIVISION D CLEARANCE VERIFIED AS NOV 57.

TWO COPIES THIS ACTION SENT TO SECURITY.

STANDARD FORM 52  
FORM 52-1 (Rev. 1-55)  
GSA GEN. REG. NO. 27  
MAY 1962 EDITION  
GSA FPMR (41 CFR) 101-11.6

SECRET

UNVOUCHERED

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., Mrs., Miss—One given name, initials, and surname) <b>MR. DAVID L. CHRIST</b>	2. DATE OF BIRTH <b>20 Jan 1918</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>4 Oct 56</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>REASSIGNMENT</b>		6. EFFECTIVE DATE A. PROPOSED: <b>4 Nov</b>	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM— <b>PHY SCI ADM (D CH) BY 140</b> <b>GS-1301.06-14 \$10,535 per annum</b> <b>DDP/TSS</b> <b>Research &amp; Development</b> <b>Applied Physics Division</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	9. POSITION TITLE AND DUTIES <b>ELECTRONIC ENG (D CH) BY 140</b> <b>GS-0855.01-14 \$10,535 per annum</b> <b>DDP/TSS</b> <b>Research &amp; Development</b> <b>Applied Physics Division</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	10. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>	11. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>
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A. REMARKS (Use reverse if necessary)  
**T/O CHANGE**

12. REQUESTED BY (Name and title) <b>Dave Richards Ext. 3031</b>	13. REQUEST APPROVED BY <i>[Signature]</i> <b>JASPER L. OLMSTEAD</b>
14. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Dave Richards Ext. 3031</b>	15. Title: <b>Career Management Officer, TSS</b>

16. VETERAN PREFERENCE None <input type="checkbox"/> With <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 10 POINT DISAD. OTHER	17. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 A <input type="checkbox"/> REAL <input type="checkbox"/> <b>SD-UP</b>
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18. PAY GRADE FROM: <b>7-2509-10</b> TO: <b>7-2509-10</b>	19. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	20. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSION ONLY)	21. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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22. STANDARD FORM 50 REMARKS  
**SECRET**

23. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CELL OR POS. CONTROL		<b>10/2/56</b>	
C. CLASSIFICATION		<b>10/1/56</b>	
D. PLACEMENT OR EMPL.	<i>[Signature]</i>	<b>10/1/56</b>	
E.			

F. APPROVED BY  
*[Signature]* per **7-2509-10** **16 Oct 56**

SECRET

STANDARD FORM 52 PERSONNEL ACTION REQUEST FOR PERSONNEL ACTION		SECRET	
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. Mrs. Miss. One given name, initials, and surname) <b>MR. DAVID L. CHRIST</b>		2. DATE OF BIRTH <b>20 Jan 1918</b>	
3. RATE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>REASSIGNMENT</b>		4. REQUEST NO.	
5. POSITION (Specify whether establish, change grade or title, etc.)		6. DATE OF REQUEST <b>14 Jul 56</b>	
7. C. S. OR OTHER LEGAL AUTHORITY		8. EFFECTIVE DATE A. PROPOSED: <b>29 Jul 56</b>	
9. APPROVED:			
FROM: PHY SCI ADM(D CH) BY-140 OS-1301.07814 \$10,535.00 DDP/TSS RESEARCH AND DEVELOPMENT APPLIED PHYSICS DIVISION WASHINGTON, D.C.		TO: PHY SCI ADM(D CH) BY-140 OS-1301.07-14 \$10,535.00 DDP/TSS RESEARCH AND DEVELOPMENT APPLIED PHYSICS DIVISION OFFICE OF THE CHIEF WASHINGTON, D.C.	
10. POSITION TITLE AND NUMBER		11. SERVICE, GRADE, AND SALARY	
12. ORGANIZATIONAL DESIGNATIONS		13. HEADQUARTERS	
14. FIELD OR DEPARTMENTAL		15. FIELD OR DEPARTMENTAL	
16. REMARKS (Use reverse if necessary) <b>7/0</b>			
17. REQUESTED BY (Name and title)		18. REQUEST APPROVED BY <b>JASPER L. OLINSTEAD</b>	
19. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>LAYZ RICHARDS L-3031</b>		20. SIGNATURE <b>CHO/TSS</b>	
21. VETERAN PREFERENCE		22. POSITION CLASSIFICATION ACTION	
23. SEX RACE		24. DATE OF APPOINTMENT MILITARY (MIL-20)	
25. LEGAL RESIDENCE STATE: <b>Md.</b>		26. STANDARD FORM 52 REMARKS	
27. CLEARANCE		28. INITIAL OR SIGNATURE	
29. DATE		30. SECRET	
31. APPROVED BY		32. per 4133 on 23 July 56	

PERSONNEL ACTION REQUEST				FOSTER NO.	
NAME <b>CURRY, David L.</b>			REQUESTED EFFECTIVE DATE <b>24 November 1951</b>		
NATURE OF ACTION <b>Resignation</b>			WHEN LEAVING (VOLUNTARY) <b>14 November 1951</b>		
EMPLOYEE'S SIGNATURE					
FROM			TO		
TITLE <b>Electronics Research Engineer, GS-11</b>					
GRADE AND SALARY <b>GS-11-1312-3540.00 par. annua.</b>					
OFFICE <b>Policy Coordination</b>					
DIVISION <b>Staff II</b>					
BRANCH AND SECTION <b>Research &amp; Development Branch</b>					
OFFICIAL STATION <b>Washington, D. C.</b>					
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>			DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS:  <i>Transfer leave &amp; UT Funds</i>  <i># 125</i>  <i>To accept other employment</i>					
RECOMMENDED:  <b>10 November 1951</b>  <i>Finance</i>					
FOR USE OF PERSONNEL ONLY					
PLACEMENT DATE QUALIFICATIONS APPROVED			TRANSACTIONS AND RECORDS APPROPRIATION 2123400 1913		
C. S. C. AUTHORITY			C. S. C. AUTHORITY		
DATE SIGNATURE			DATE SIGNATURE		
PERSONNEL RELATIONS			PERSONNEL RELATIONS		
DATE SIGNATURE			DATE SIGNATURE		
APPROVALS			APPROVALS		
DATE SIGNATURE			DATE SIGNATURE		
EFFECTIVE DATE			EFFECTIVE DATE		

101A - Date of Current Appointment

A/R - Permanent Residence

HEADQUARTERS  
FIRST AIR FORCE  
Mitchel Air Force Base, New York

AIR FORCE RESERVE ORDERS

NO.

98

EXTRACT

15 May 1951

69. Eff 11 Apr 51 SNOP 89 AFRO 74 as pertaining to  
SMITH NEILSON H AO282987 COL P/R Apt 525 2800 Quebec St NW Wash, DC  
CLARK ROBERT W AO1647601 CPT P/R 22 54 Savannah Terrace SE Wash, DC  
WILLIAMS OGDEN AO501923 CPT P/R 455 E 57th St New York 22 NY  
CHRIST DAVID L AO877243 1 LT P/R Apt 2 5405 Hamilton St Rogers Heights  
Hyattsville, Md

HUNSTER ROBERT W AO1799172 1 LT P/R 65233 Clarendon Rd, Bethesda Md  
RENNYDER DONALD D AO706901 1 LT P/R 1313 Queen St Pottstown, Pa  
SPORREL EDWIN H JR AO2079516 2 LT P/R 405 59th St West New York, NJ and  
VANDER LINDEN WILBER A AO1860542 2 LT P/R 19 Elm Ave Takoma Park, Md as  
reads: "asgd Vol Tng Flt "A" (Int) (USAFR) 2463rd VART Sq 9110th VART  
Op 405 10th St NW Washington, DC" is changed to read: "asgd 2463rd VART  
Sq 9110th VART Op 405 10th St NW Washington, DC".

BY COMMAND OF MAJOR GENERAL BORGES:

OFFICIAL:

J. A. BULGER  
Colonel, USAF  
Vice Commander

/s/ Robert W. Kinney  
ROBERT W. KINNEY

2 LT USAF  
1000 Air Adj Gen

A TRUE EXTRACT COPY:

*John A. Owens*  
JOHN A. OWENS  
1 LT USAF  
Adj.

DOC. - Date of Current Appointment

P/R - Permanent Residence

HEADQUARTERS  
FIRST AIR FORCE  
Mitchel Air Force Base, New York

AIR FORCE RESERVE ORDERS

NO.

74

EXTRACT

11 April 1951

39. SMITH NELSON H. 10282987 COL (W) YOB 05 non-rated not-on-fly-status DOCA 8-50 P/R Apt 526 2800 Quebec St NW Washington DC P3SN 2260 Dy SSN Unk DPG 8-50  
CLARK ROBERT W. 101647601 CPT (W) YOB 20 Aero Rating Unk Fly Status Unk  
DOCA 1-51 P/R 22 34 Savannah Terrace SE Washington DC P3SN Unk Dy SSN Unk DPG 1-51  
MILLER OGDEN 10501923 CPT (A) YOB 20 Left Obsr (Nav) Fly Status Unk  
DOCA 10-45 P/R 455 E 57th St New York 22 NY P3SN 1034 Dy SSN Unk DPG Unk  
CHRIST DAVID L. 10377943 1LT (W) YOB 18 non-rated not-on-fly-status DOCA 4-46 P/R Apt 2 5405 Hamilton St Rogers Heights Hyattsville Md P3SN 0224 Dy SSN Unk DPG 4-46

MUNSTER ROBERT W. 101799172 1LT (W) YOB 15 non-rated not-on-fly-status DOCA 2-46 P/R 65223 Clarendon Rd Bethesda Md P3SN 9307 Dy SSN Unk DPG Unk  
REIFSNYDER DONALD D. 10706901 1LT (W) YOB 21 Left Obsr (Bmbdr) Fly Status Unk DOCA 10-45 P/R 1313 Queen St Pottstown Pa P3SN 1035 Dy SSN Unk DPG 9-44  
SPOFFORD EDWIN H. JR. 102079516 2LT (W) YOB 25 Left Obsr (Nav) Fly Status Unk DOCA 2-46 P/R 408 59th St West New York NJ P3SN 1034 Dy SSN Unk DPG 12-44  
VANDER LINDEN MILLER A. 101860542 2LT (A) YOB 25 non-rated not-on-fly-status DOCA 12-50 P/R 19 Elm Ave Takoma Park Md P3SN 0001 Dy SSN Unk DPG 12-50  
Above off rd res asgmt Hq 2 Hq Sq LAF (VRS) Mitchel AFB NY asgd Vol Tng Flt "A" (Int) (USAFR) 9463d VLT Sq 9110th VLT Gp 403 10th St NW Washington DC EDCA 17 Apr 51.

40. PETERSON SVEN R. 10325946 2LT (W) YOB 21 Plt not-on-fly-status DOCA 11-45 P/R Math Department University of New Hampshire Durham NH P3SN 1051 Dy SSN Unk DPG 3-44  
Above off rd res asgmt Hq 2 Hq Sq LAF (VRS) Mitchel AFB NY and atchmt to 9234th VLT Sq 9051st VLT Gp 3 Capitol St Concord NH asgd Flt "A" 9234th VLT Sq 9051st VLT Gp 3 Capitol St Concord NH EDCA 17 Apr 51.

41. McLAUGHLIN EDWARD P. 10728900 1LT (W) YOB 18 Plt on-fly-status DOCA 12-43 P/R 16 Grandview St Huntington NY P3SN 1024 Dy SSN 1024 DPG 12-43  
Above off rd res asgmt Hq 2 Hq Sq LAF (VRS) Mitchel AFB NY asgd 9296th VLT Sq 9068th VLT Gp PO Bldg Huntington NY EDCA 16 Apr 51.

42. REINFELT GEORGE E. 10376670 1LT (W) YOB 16 Plt not-on-fly-status DOCA 7-46 P/R 228 E Front St Pottsville Ohio P3SN 7050 Dy SSN Unk DPG 10-45  
Above off rd res asgmt Hq 2 Hq Sq LAF (VRS) Mitchel AFB NY asgd Flt "W" 9522d VLT Sq 9103d VLT Gp Room 26 4th Floor Central Station Bldg Madison & St Clair Toledo Ohio EDCA 18 Apr 51.

43. JAMES WILLIAM J. 101237357 CPT (W) YOB 06 non-rated not-on-fly-status DOCA 10-45 P/R 217 E Railroad St Nesquehoning Pa P3SN 9301 Dy SSN Unk DPG 5-45  
Above off rd res asgmt Hq 2 Hq Sq LAF (VRS) Mitchel AFB NY asgd 9543d VLT Sq 9101st VLT Gp 261 S Washington St Wilkes-Barre Pa EDCA 17 Apr 51.

AFRO 74 EXTRACT (Contd)

11 April 1951

44. REIDY JOSEPH A. A0705301 1LT (.) YOB 11 Plt Fly Status Unk DOCA 10-45  
P/R 4710 S Laramie Chicago 32 Ill PSSN 1055 Dy SSN Unk DPG Unk  
Above off rold res asgmt Vel Tng Flt "A" (Int) 94631 VANT Sq 9110th VANT Gp  
Washington DC asgd Hq & Hq Sq LAF (VMS) Soliridge AFB Mich EDCS. 19 Apr 51.

45. LEXAL GUS J. A0743781 1LT (.) YOB 16 non-rated not-on-fly-status DOCA 3-  
46 P/R 522 Breunx Bridge Ave Lafayette La PSSN 4110 Dy SSN Unk DPG 6-44  
Above off rold res asgmt Hq & Hq Sq LAF (VMS) Mitchel AFB NY asgd Hq & Hq Sq 14  
AF (VMS) Robins AFB Ga EDCS. 19 Apr 51.

46. GREENMAN NORMANICK D JR. A0505434 CPT (.) YOB 17 non-rated not-on-fly-  
status DOCA 1-46 P/R 121 Winsor Ave Watertown Mass PSSN 2260 Dy SSN Unk DPG 1-46  
Above off rold res asgmt 9229th VANT Sq 9054th VANT Gp asgd Hq & Hq Sq LAF (VMS)  
Mitchel AFB NY EDCS. 17 Apr 51.

47. MATTHEWS JOSEPH F. A0659067 CPT (.) YOB 20 non-rated not-on-fly-status  
DOCA 3-46 P/R 221 Bay Ridge Ave Brooklyn 20 NY PSSN 4522 Dy SSN Unk DPG Unk  
Above off rold res asgmt 9217th VANT Sq 9059th VANT Gp 67 Broad St New York NY  
asgd Hq & Hq Sq LAF (VMS) Mitchel AFB NY EDCS. 16 Apr 51.

48. MORSE MURIEL AN751638 CPT (.) YOB 19 non-rated not-on-fly-status DOCA  
8-47 P/R Brownston Mass PSSN 3449 Dy SSN Unk DPG 3-47  
Above off trfd Cmt to VANT rold res asgmt 33d Lcd Gp 33d Ftr-Intep Hq Otis AFB  
Palmouth Mass asgd Hq & Hq Sq LAF (VMS) Mitchel AFB NY EDCS. 17 Apr 51. (Auth:  
AFR 45-5 16 Mar 49).

49. MALONE JACK C. A0569280 MAJ (.) YOB 10 non-rated not-on-fly-status DOCA  
10-45 P/R 2 Corliss Terrace Wheeling W Va PSSN 4323 Dy SSN Unk DPG 11-46  
Above off rold res asgmt Hq & Hq Sq LAF (VMS) Mitchel AFB NY asgd 9489th VANT Sq  
9102d VANT Gp 215 Wheeling Steel Bldg Wheeling W Va and designated Tng and Opns  
Off thereof EDCS. 17 Apr 51.

BY ORDER OF COLONEL DILLON

OFFICIAL:

ROBERT M. KINNEY  
2LT, USAF  
Asst Air Adj Gen

ROBERT M. KINNEY  
2LT, USAF  
Asst Air Adj Gen



PERSONNEL ACTION REQUEST				REGISTER NUMBER 172	
NAME <b>DAVID L. CHRIST</b>			REQUESTED EFFECTIVE DATE <del>As soon as possible</del> <b>16 Nov 1950</b>		
NATURE OF ACTION <b>Accepted Appointment</b>			WHEN LEAVING (VOUCHERED) LAST WORKING DAY: <b># 3753</b> EMPLOYEE'S SIGNATURE: <b># 3753</b>		
FROM			TO		
TITLE <b>Electronics Engineer</b>			<b>GS-11</b>		
GRADE AND SALARY <b>GS-11 \$5,000.00</b>			<b>CHS</b>		
OFFICE <b>Policy Coordination</b>					
DIVISION <b>Staff II</b>					
BRANCH AND SECTION <b>Research &amp; Development Branch</b>					
OFFICIAL STATION <b>Washington, D. C.</b>					
DEPARTMENTAL <input type="checkbox"/>		FIELD <input type="checkbox"/>	DEPARTMENTAL <input checked="" type="checkbox"/>		FIELD <input type="checkbox"/>
REMARKS: <b>S-9</b> <span style="float: right;">1312</span>					
<p>Mr. Christ will occupy the GS-11 slot of Electronics Engineer in OPC/II/RD.</p> <p>Entire file on subject in SED's possession, including 57's &amp; PNS's.</p> <p style="text-align: right;"><i>OK [Signature]</i></p>					
RECOMMENDED: <b>23 August 1950</b>			<b>[Signature]</b> Deputy Chief, Staff II		
DATE					
SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ADM. OFFICER					
FOR USE OF PERSONNEL ONLY					
PLACEMENT			TRANSACTIONS AND RECORDS		
DATE QUALIFICATIONS APPROVED <b>W. C. Christensen 2/2/50</b>			APPROPRIATION: <b>5715900</b>		
CLEARANCE REQUESTED			ALLOTMENT: <b>821-101</b>		
CLEARANCE APPROVED			CSC AUTHORITY: <b>Schedule A-6-116 (E)</b>		
DATE	TYPE	DATE	TYPE	DATE SIGNATURE	SIGNATURE
				<b>11-21-50</b>	<b>M. J. Stephenson</b>
DATE			SIGNATURE		
			<b>[Signature]</b>		
CLASSIFICATION			PERSONNEL RELATIONS		
BUREAU NO. <b>5889</b>	C.S.C. NO. <b>-</b>	DATE APPROVED <b>8/4/50</b>	DATE		
NEW	VICE	I.A. <input checked="" type="checkbox"/>	APPROVALS		
		REAL	DATE		
DATE	SIGNATURE	DATE	SIGNATURE OF EXECUTIVE		
<b>Christ D</b>	<b>[Signature]</b>	<b>8/5/50</b>			
EFFECTIVE DATE			DATE		
			<b>8/21/50</b>		
			SIGNATURE OF DIVISION CHIEF		
			<b>[Signature]</b>		

14-00000

RESTRICTED

31 October 1950


MEMORANDUM FOR: SED/SSS

SUBJECT: David L. Christ

II/RD was advised by Mr. Christ on 30 October that he has changed his address. He can now be reached at -

5405 Hamilton Street, N. E.  
Apt. #2 - Elmar Gardens  
Rodgers Heights, Maryland

Telephone: UNion 8236

  
L. R. DAILEY  
Deputy Chief  
Research & Development

RESTRICTED

14-00000

SECRET

I am aware of the fact that the Central Intelligence Agency, by reason of the sensitive nature of its work, must observe very strict security measures. I agree to honor the requests of CIA relative to my application whether it be accepted or rejected. I agree not to inform anyone that I am being considered for a position in CIA. If questioned directly, I will say that I have applied for positions in various government agencies, and if pressed for an answer will acknowledge that CIA is one of them but will attach no particular significance to such application. I agree not to disclose personnel procedures I have observed in CIA. I agree not to discuss by name or otherwise, any individuals with whom I have talked in the course of my application to CIA.

Signed: Harold L. Christ  
Date: Aug 23, 1950

SECRET

CONFIDENTIAL

REPORT OF INTERVIEW

23 Aug 1950

Name of Candidate CHRIST, D.L.

Position Considered for \_\_\_\_\_ Office \_\_\_\_\_ Interviewer \_\_\_\_\_

Personal	Dignified.....	Natural.....	X	Awkward.....
Appearance	Well-groomed... X	Clean.....		Slovenly.....
	Wide-Awake.....	Stolid.....		Apathetic...
	Impressive.....	Ordinary.....		Insignificant
Personality	Persuasive.....	Responsive... X		Taciturn....
	Importurbable..	Steady.....	X	Excitable...
	Choorful.....	Tranquil ...		Dejected....
	Straight-forward	Reserved....		Evasive.....
	Modest.....	Complacent..		Conceited....
	Dominant.....	Confident... X		Submissive...

Is education adequate? Yes (X) No ( ) Is language facility adequate? Yes ( ) No ( )

Area Knowledge \_\_\_\_\_

Previous intelligence or related experience ELECTRONIC ENGINEER

Salary level requested \$ 65-10 Lowest salary acceptable \$ 65-

GENERAL RECOMMENDATION:

1. Candidate is not recommended for employment. Reasons: \_\_\_\_\_
2. Candidate is recommended for employment. Justification: OK WITH R+D  
AND THEY HAVE NEED FOR SAME.

SPECIFIC RECOMMENDATION for employment:

Position: \_\_\_\_\_ Branch \_\_\_\_\_ Division \_\_\_\_\_

Location: \_\_\_\_\_

Salary level: \_\_\_\_\_

RECOMMENDATION as to potential value of candidate to the organization in other than the position immediately under consideration: \_\_\_\_\_

(Enter any additional remarks on reverse side.)

S. B. Zink  
Signature of Interviewer

No 10-2  
WANTS D.C.

## RESERVE STATUS INFORMATION

NAME: *David L. Christ*RANK: *1st Lt.*SERIAL NUMBER: *0-877943*BRANCH OF SERVICE: *Air Force -- AACCS*ACTIVE OR INACTIVE RESERVE: *Presume active*IF KNOWN, PRESENT LOCATION  
OF RECORDS: *Hq. AACCS, Washington D.C.*

CONFIDENTIAL

REPORT OF INTERVIEW

23 August

1950

Name of Candidate CHRIST, David L.

Position Considered for Electronics Engineer Office

Interviewer John McElffries

Personal Appearance	Dignified.....	<u>Yes</u>	Natural.....	<u>Yes</u>	Awkward.....	<u>No</u>
	Well-groomed...	<u>Yes</u>	Clean.....	<u>Yes</u>	Slovenly....	<u>No</u>
	Wide-Awake.....	<u>Yes</u>	Stolid.....	<u>Yes</u>	Apathetic...	<u>No</u>
	Impressive.....	<u>Yes</u>	Ordinary....	<u>No</u>	Insignificant	<u>No</u>
Personality	Persuasive.....	<u>Yes</u>	Responsive..	<u>Yes</u>	Taciturn....	<u>No</u>
	Imperturbable..	<u>Yes</u>	Steady.....	<u>Yes</u>	Excitable...	<u>No</u>
	Cheerful.....	<u>Fairly</u>	Tranquil ...	<u>Yes</u>	Dojected....	<u>No</u>
	Straight-forward	<u>Yes</u>	Reserved....	<u>Yes</u>	Evasive.....	<u>No</u>
	Mild-mannered..	<u>Yes</u>	Complacent..	<u>No</u>	Conceited...	<u>No</u>
	Dominant.....	<u>No</u>	Confident...	<u>Yes</u>	Submissive...	<u>No</u>

Is education adequate? Yes ( ) No ( ) Is language facility adequate? Yes ( ) No ( )

Area Knowledge Satisfactory Washington

Previous intelligence or related experience Cryptography and Commis Officer in Army

Salary level requested \$5000.00 Lowest salary acceptable \$5000.00

GENERAL RECOMMENDATION:

1. Candidate is not recommended for employment. Reasons: \_\_\_\_\_
2. Candidate is recommended for employment. Justification: H.R.D. needs Electronics Engineer immediately

SPECIFIC RECOMMENDATION for employment:

Position: Electronics Engineer Branch H.R.D.O.P.C. Division \_\_\_\_\_  
 Location: Washington  
 Salary level: 5000.00

RECOMMENDATION as to potential value of candidate to the organization in other than the position immediately under consideration: of value as

Electrical Eng and in General Engineering  
 (Enter any additional remarks on reverse side.)

Sig-ure of Interviewer

SECRET

2 April 1958

**MEMORANDUM FOR : CLANDESTINE SERVICES CAREER  
SERVICE BOARD**

**SUBJECT : Mr. David L. CHRIST - Promotion**

1. Mr. Christ, an electronics engineer, age 40, has been with the Technical Services Staff since his entrance on duty with the Agency in 1950. He received his B. E. E. from Pennsylvania State. He served as the Assistant Chief of the Applied Physics Division for approximately five years. In that capacity he demonstrated both a high technical competence and the ability to administer the many research programs initiated by the Applied Physics Division.

2. Mr. Christ was selected this past December to be the Chief of the Audio Support Division. It is believed that his technical ability and leadership will enhance the audio program in its world-wide activity. He is currently on an extended TDY in Europe and the Near East surveying audio needs and our capabilities to fulfill them.

*Willis A. Gibbons*  
WILLIS A. GIBBONS  
Chief, DD/P/TSS

SECRET

14-00000

SECRET

REPRODUCTION MASTERS

BIOGRAPHY

BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e



Section  
Form 101-1 (Rev. 1-64)

1. FORM NUMBER NO		BIOGRAPHIC PROFILE (PART I) SCDE 13 May 1967				
2. NAME (Last, First, Middle)		3. SEX	4. DATE OF BIRTH	5. LAST ENTRY COM. DATE		
CURRENT, Part I: LARRY		M	21 Jun 1918	16 May 1960		
6. ORIGINAL STATUS	7. PRESENT STATUS	8. GRADE	9. US NATURALIZATION DATE	10. US NATURALIZATION DATE		
Married	1951	15053157152	NA	NA		
11. CAREER STAGE	12. MEMBERSHIP	13. OTHER STATUS	14. LAST REG. DATE	15. QUAL. FOR	16. RELEASE	
1	Jul 1958		Jun 1968	TDY Standby	TDY Standby	
17. CURRENT RESERVE STATUS	18. SERVICE	19. GRADE	20. ACTIVE DUTY WITH CIA CAT. 1	21. RELEASE TO M. A. SER. CAT. 1	22. TO BE RETIRED	
1	X					
23. ASSESSMENT DATE		24. PROFESSIONAL TEST DATE		25. LANGUAGE APTITUDE TEST DATE		
None		None		None		
26. NON-CIA EMPLOYMENT						
1937-42: 1946-48 Atlas Powder Co., Reynolds, Pa - Powder Molder (part-time)						
1942-45 Military Service, USAAF, Pvt to 1st Lt - Communications Officer (Radio Sec)						
1950 Penn State College Extension, Wilkes-Barre, Pa - Instr. Industrial Electronics & Electricity (9 mos)						
27. NON-CIA EDUCATION						
1943 Radio Ops Tech Sch, USAF, Chicago, Ill - Radio Operator & Mechanics (4 mos)						
1944 San Antonio, Tex - Aviation Cadet (Ground) Pre-Tech (4 mos)						
1944 Yale Univ, New Haven, Conn - Communications (5 mos)						
1945 Chanhute Field, Ill - Cryptography (1 mo)						
1946-50 Penn State College - BS, Electrical Eng., Electronics, Math						
28. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Code Tested)						
French - R Inter; W, P, U Slight; S, T None - Feb 1964 - discl Apr 1968						
Spanish - R, U Slight; F, S Slight (Jun 1966) W Inter; T None - Feb 1964						
29. AGENCY SPONSORED TRAINING						
1950 Staff Indoctr; CS Rev		1954 Tech Devices Panel		1964 Conf for FedSec Exec/Procedures		
1950 Security Briefing		1960 Lock Picking		1964 Sr Mgmt Sem		
1951 CIA Orient		1963-64 Electr Engng/GAU		1967 Contr Mgmt Ins		
1953 Indo Orient & Refresher		1963-64 Math Engng/Physicists/GAU				
30. CIA EMPLOYMENT HISTORY SINCE 15 SEPT 1947 (Personnel Actions, Military Orders, and Personnel Details)						
EFFECTIVE DATE	PCSI	ON TITLE & OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & ORG. TYPE (If any)	LOCATION
Nov 1962		1301.07	16	UD		
Apr 1963		1301.07	16	D	DDP/CS Dev Comp/TSD	
Sep 1963		1301.07	16	R	DDP/CS Dev Comp/TSD	
31. DATE REVIEWED						32. BY WHOM REVIEWED
24 Jun 1970						20 May 1969

SECRET

1950-1958 Material  
1967-1970 Material

Orig. of sanitized material.

SECRET

SECRET

David L. CHRIST

SECRET

Documents dated prior to 1959 (Dec)  
" " after 1965

Originals of sanitized documents

SECRET

David L. CHRIST

SECRET

-73-39 B-11

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA.	FILE NO.
		19 February 74	RC-12034
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	CS NUMBER 181-01-6133	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 059090	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	
ATTN: Chief/OER Support Staff		OER	
REF: Verbal Request		OFFICIAL COVER	ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
SUBJECT: CHRIST, David L.		UNIT: Department of Army (JOG)	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: From EOD	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>CIA</u> W-2 TO BE ISSUED. (HND 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TUV _____ OTHER (Specify): _____		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HND 20-7)	
<input type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HND 20-7)		na EAA: CATEGORY I CATEGORY II	
<input type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HND 20-11)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>GEHA</u> HOSPITALIZATION CARD.	
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)		DO NOT WRITE IN THIS BLOCK	
EAA, CATEGORY I CATEGORY II			
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
Subject will be acknowledged as CIA for the entire period of employ- ment and is not to reveal specific places or locations of cover assign- ments.			
NOTE: Subject retired Nov 1970			
DISTRIBUTION: COPY 1 - CD OR CPO COPY 2 - OPERATING COMPONENT COPY 3 - OS/GRACD COPY 4 - OC-DO/TFR COPY 5 - CCS-FILE		JLN: km <i>James A. Throckmorton</i> CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF	