

SECRET

NON-OFFICIAL COVER CONCURRENCE		DATE	
TO BE COMPLETED BY CI/OA ONLY			
SUBJECT'S NAME <i>[Handwritten]</i>		C OR IOI NO.	
DATE OF BIRTH <i>[Handwritten]</i>	PLACE OF BIRTH <i>[Handwritten]</i>		
CITIZENSHIP <i>[Handwritten]</i>	U.S. RESIDENCE <i>[Handwritten]</i>		
OVERSEAS RESIDENCE <i>[Handwritten]</i>			
EMPLOYER <i>[Handwritten]</i>		PROJECT <i>[Handwritten]</i>	
DIVISION OR STAFF	CASE OFFICER	ROOM NO.	EXTENSION
PROPOSED USE <i>[Handwritten]</i>			
TO BE COMPLETED BY CCS ONLY			
CCS/NC CASE OFFICER (Extension 3144)		CCS FILE NO.	
<p>Central Cover Staff concurs in your proposal to use subject for the purpose indicated. In keeping with the requirement placed upon CCS to maintain an accurate register of current nonofficial cover activity, you are specifically requested to advise CCS/NC promptly by memorandum when subject has been activated. The pseudonym assigned subject should be provided CCS/NC at the time notification of activation is forwarded. If notification of activation is not received in CCS/NC one year from above date it will be assumed proposed use did not materialize.</p> <p><input type="checkbox"/> If check mark appears here, information of interest concerning subject or his employer is in CCS/NC files. After operational approval is received, and prior to making arrangements for initial contact thereunder, you are specifically requested to confer with CCS/NC concerning other Agency interests possibly affected and the advisability of additional coordination.</p> <p><input type="checkbox"/> If check mark appears here the proposed use of subject requires DDP approval under CSI 240-6, para. 5. Please review CSI 240-6 and initiate action as appropriate.</p> <p style="text-align: right; font-size: 2em;"><i>201-274330</i></p>			

DISTRIBUTION 1-CCS 1-CI/OA 1-AREA DIVISION

FORM 2-64 2214

SECRET

(9-42)