

SECRET

REQUEST FOR OFFICIAL COVER ACTION		DATE: 18 Nov 76
1. WHEN REQUESTING INITIAL COVER OR ON RETURN FROM OVERSEAS ROUTING SHOULD BE: (COMPLETE SECTION 1)		FILE NO.
2. WHEN CHANGE OR REMOVAL IS REQUESTED ROUTING SHOULD BE: (COMPLETE SECTION 2)		EMPLOYEE TELEPHONE NO.
TO: CCS/OFFICIAL COVER BRANCH (Use Form 610 Routing & Record Sheet)	TO: CCS/OFFICIAL COVER BRANCH (Use Form 610 Routing & Record Sheet)	EMPLOYEE WITH AGENCY
FROM: LA Security	FROM: RETURN TO CIA	EMPLOYEE SERIAL NUMBER
THRU: OS/SSD	BACK TO THE DOD ONLY	007567
SUBJECT'S TRUE NAME (last, first, middle) Bustos Videla, Charlotte		SOCIAL SECURITY NO. 069-24-3438
ESTABLISHMENT OF OFFICIAL COVER FOR SUBJECT IS REQUESTED.		
S E C T I O N 2	COVER REQUESTED: MILITARY <input type="checkbox"/> STATE <input checked="" type="checkbox"/> OTHER GOVT. AGENCY (specify)	
	USE OF COVER: DOMESTIC ALL PURPOSE <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> INTEGRATED <input checked="" type="checkbox"/> NOMINAL <input type="checkbox"/>	
SUBJECT'S CIA AFFILIATION: <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN VOLUNTARILY DECLARED OR INVOLUNTARILY EXPOSED TO ANY FOREIGN GOVERNMENT OR FOREIGN INTELLIGENCE SERVICE. THERE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ANY OTHER EXPOSURE OR COMPROMISE WHICH SHOULD BE CONSIDERED IN THIS REQUEST. (If an affirmative answer is given provide details on separate attachment.)		
JUSTIFICATION FOR REQUESTED ACTION: Ms. Bustos-Videla is currently assigned to the Trinidad Station under Integrated State cover. It is requested that she be placed under Nominal State cover for her future Headquarters assignment.		
CHANGE OR REMOVAL OF OFFICIAL COVER STATUS FOR SUBJECT IS REQUESTED.		
JUSTIFICATION FOR REQUESTED ACTION:		
SIGNATURE AND TITLE OF REQUESTING OFFICER Jonathan G. Hanke, C/LA/PEMS		DATE:
FOR OFFICE OF SECURITY		
DO YOUR RECORDS REFLECT ANY EXPOSURE, COMPROMISE, SECURITY OR OTHER FACTORS WHICH SHOULD BE CONSIDERED IN MAKING A COVER DETERMINATION IN RESPONSE TO THE ABOVE REQUEST? (If the answer is affirmative, provide details on separate attachment.)		
OFFICE OF SECURITY	NO PERTINENT INFORMATION <input checked="" type="checkbox"/> SEE ATTACHED <input type="checkbox"/>	SIGNATURE William Kent
		DATE 24 November 76
APPROVAL		
COVER AND COMMERCIAL STAFF	SIGNATURE	DATE

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