

**SECRET**  
SECURITY INFORMATION

**REQUEST FOR COVERT COMMUNICATIONS TRAINING**

TO: Office of Communications		DATE OF REQUEST <b>3 February 1954</b>	
FROM: <b>SR/DOB</b>			
PSEUDONYM OF AGENT <b>Ignat T. Hemarett</b>	CASE OFFICER <b>LC</b>	ROOM NO. AND BLDG. <b>2502 'J'</b>	TELEPHONE <b>3582</b>
OPERATION AND COUNTRY TO WHICH AGENT IS ASSIGNED <b>Project REDSOX/AECOB - Latvia</b>	AGENT'S ASSIGNMENT (RADIO OPERATOR, ETC.) <b>See remarks</b>	LANGUAGE TO BE USED IN OPERATION <b>Latvian</b>	
HAS PROJECT BEEN APPROVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HAS COMMUNICATIONS SUPPORT FOR OPERATION BEEN DISCUSSED WITH OFFICE OF COMMUNICATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IS AGENT SUFFICIENTLY FLUENT IN ENGLISH TO PERMIT TRAINING TO BE DONE IN THAT LANGUAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "No", what language? <b>German &amp; Swedish - Fair Command</b> <b>English &amp; Russian - Poor Command</b>		CHECK CLEARANCE POSSESSED BY AGENT <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Provisional <input type="checkbox"/> No clearance, but PRQ or equivalent has been submitted.	

**TRAINING REQUESTED**

**NOTE: Final decision as to amount and type of training will be made by Office of Communications. Approval of request is predicated upon project approval and clearance possessed.**

**Clandestine Cryptographic:** Given only to personnel who will be involved in clandestine cryptographic operations. A cryptographic clearance can be waived, under certain conditions, subject to the approval of the Chief, Communications Security Branch.

- A.  **SPECIFIC COURSE:** (140 hours) gives student an understanding of cryptographic communications systems, procedures and security precautions used for a specific clandestine field operation. Enables student to perform cryptographic duties for the specific operation for which training is furnished.
- B.  **BASIC COURSE:** (100 hours) gives student an understanding of basic cryptographic communications systems, procedures and security precautions used for clandestine field operations. Enables student to follow written instructions for a specific cryptographic clandestine operation.

**Clandestine Radio:** Given only to personnel who will be involved in clandestine radio operations.

- A.  **TRAINING COURSE:** (Time required subject to student's ability and background.) Includes Morse Code (slow speeds), minor maintenance of agent radio equipment, basic radio theory, and communications procedures. Enables student to establish radio communications as required for his assignment.
- B.  **BRIEFING COURSE:** Familiarizes student with communications security problems, radio equipment and procedures.

*Material covered depends on requirements of the operation. Does not qualify student to perform radio communications.*

DATE STUDENT AVAILABLE FOR TRAINING <b>8 Feb 1954</b>	TRAINING MUST BE COMPLETED BY <b>13 Mar 1954</b>	MAY TRAINING BE GIVEN AT HEADQUARTERS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
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**JUSTIFICATION FOR TRAINING OUTSIDE HEADQUARTERS**  
**Agent candidate to be trained for mission into a denied area.**

**Training to be conducted in safe house under SR/DOB control.**

**Remarks:** Agent candidate to be trained in receiving only. Approximately 60 hours are available for this phase of training. Agent candidate's present receiving speed 8 WPM, additional time available approximately 1-10 April 1954 for Crypto and other briefing. Agent candidate identified as TU #226 in SR/DOB Training files. Case officer training alias: Mr. John Adams.

**NAZI WAR CRIMES DISCLOSURE ACT**

**LC** **JL, CSR/DOB**  
Signature of requesting Foreign Division Chief

FORM NO. 51-123  
MAR 1952

- EXEMPTIONS Section 3(b)
- (2)(A) Privacy
  - (2)(B) Methods/Sources
  - (2)(G) Foreign Relations

**SECRET**  
Approved for Release  
by the Central Intelligence Agency  
Date: **2005**

(45) (OVER)

SECRET

*psycho*  
ASSESSMENT REQUEST\*

DATE OF REQUEST , MONTH, YEAR)

8 February 1954

One copy of this form will be forwarded to the Chief, Assessment Unit, before arrangements can be made to schedule an assessment.

NAME (LAST) (MIDDLE) (FIRST)  
OR (BUT NOT BOTH)  
PSEUDONYM (LAST) **HERBERT** (MIDDLE) **T.** (FIRST) **LYMAN**

AGE **40** SEX **Male** MARITAL STATUS **Separated** OFFICE DIVISION

FOR CONSULTATION CALL:  
OFFICER SPONSORING APPLICANT EXTENSION **2538** BUILDING **"J"** ROOM NO. **2504**

STATION TO WHICH APPLICANT IS GOING

TYPE OF COVER (STATE, MILITARY, OR UNOFFICIAL) **Unofficial**

TITLES OF PROJECTED ASSIGNMENTS

CIVIL SERVICE RATING **GS-** IS SECURITY CHECK COMPLETE? **Yes**

WHAT WILL BE THE SPECIFIC DUTIES OF THE APPLICANT?

**Covert Assignment**

HOW MANY OTHERS WILL BE WORKING WITH THE APPLICANT?

WHO WILL DIRECT AND REVIEW THE APPLICANT'S WORK? **SR/2 Case Officer**

WHAT WILL BE THE APPLICANT'S ADMINISTRATIVE - SUPERVISORY RESPONSIBILITIES?

**N.A.**

(OVER)

*DR 2228*