

# BEST AVAILABLE COPY

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <i>(Always handcarry 1 copy of this form)</i>		DATE	
		4 Jan. <del>XXXXXXXXXX</del> 1965	
TO: <input checked="" type="checkbox"/> CI/Operational Approval and Support Division	FROM:		
	SR/O/AC		
Security Support Division/Office of Security			
SUBJECT: <i>(True name)</i> <b>BASKAUSKAS, Ernest C.</b>	PROJECT		
CRYPTONYM, PSEUDONYM, AKA OR ALIASES	CI/OA FILE NO.		
	RI 2011 FILE NO.		
	SO FILE NO.		
TYPE ACTION REQUESTED			
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL	<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL		
<input type="checkbox"/> OPERATIONAL APPROVAL	<input type="checkbox"/> PROPRIETARY APPROVAL		
<input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL	<input type="checkbox"/> COVERT NAME CHECK		
<input type="checkbox"/> COVERT SECURITY APPROVAL	<input type="checkbox"/> SPECIAL INQUIRY <i>(SO field investigation)</i>		
<input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS			
USE OF INDIVIDUAL OR ACTION REQUESTED			
SPECIFIC AREA OF USE			
FULL DETAILS OF USE			
<p><b>FBI traces are requested on Subject who is acting as attorney in a case involving an unpaid SR agent.</b></p> <p>DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCE/METHOD/EXEMPTION 382B NAZI WAR CRIMES DISCLOSURE ACT DATE 2008</p>			
INVESTIGATIVE COVER			
<input type="checkbox"/> IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?	YES	NO	
<input type="checkbox"/> IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?	YES	NO	
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
PRO AND GREEN LIST STATUS			
<input checked="" type="checkbox"/> PRO 1, OR EQUIVALENT, IN (2) COPIES ATTACHED	<input type="checkbox"/> PRO 11 WILL BE FORWARDED		
<input type="checkbox"/> PRO 11, OR EQUIVALENT, IN (1) COPY ATTACHED	GREEN LIST ATTACHED, NO:		
FIELD TRACES			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> NO INFORMATION OF VALUE		
<input type="checkbox"/> DEROGATORY INFORMATION ATTACHED, WITH EVALUATION	<input type="checkbox"/> NOT INITIATED <i>(Explanation)</i>		
<input type="checkbox"/> WILL BE FORWARDED			
RI TRACES <i>(Derogatory Information and Evaluation Attached)</i>			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> RECORD	<input checked="" type="checkbox"/> NON-DEROGATORY	<input type="checkbox"/> DEROGATORY
DIVISION TRACES <i>(Derogatory Information and Evaluation Attached)</i>			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> RECORD	<input type="checkbox"/> NON-DEROGATORY	<input type="checkbox"/> DEROGATORY
SIGNATURE OF CASE OFFICER		EXTENSION	SIGNATURE OF BRANCH CHIEF
[ ] SR/O/AC		4205	[ ] SR/O/AC