Submit (hand carry) 1 copy of t	ESTIGATIVE A	CTION	DATE			
Submit (name carry) I copy of a			22	J _ 60		
TO: CI/Operational Approval and Support Division			FROM:			
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			FE/JAC	/Oss. 22	05 J.	X 2371
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COVERT SECURITY APPROVAL			SPECIAL INQUIRY (SO field investigation)			
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IF REQUEST FOR POA AND IMMEDIATE				·	, FR 1	0-215.
SPECIFIC AREA OF USE						
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