

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: TRAINING DIVISION
(Division) (Section, Unit)

Official Position Title: INSPECTOR - NUMBER ONE MAN

Rating Period: from 4/1/62 to 3/31/63

ADJECTIVE RATING: OUTSTANDING Employee's Initials
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: [Signature] Assistant Director 4/1/63
Signature Title Date

Reviewed by: [Signature] Assistant to 4/1/63
Signature Title Date

Rating Approved by: [Signature] Director 4/1/63
Signature Title Date

TYPE OF REPORT

- Official
- Annual

- Administrative
- 60-Day
- 90-Day
- Transfer
- Separation from Service
- Special

67-276576-341
Searched _____ Numbered _____
7 APR 22 1963

REC-131

XEROX

DEC 13 1978

2 APR 25 1963

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NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

**INSPECTOR W. MARK FELT
NO. 1 MAN
TRAINING DIVISION**

Between April 1, 1962 and October 22, 1962, Mr. Felt was responsible for directing all phases of the work in the Kansas City Office as the Special Agent in Charge. He thereafter in recognition of his outstanding work and abilities was promoted to the position of Number One Man in the Training Division of the FBI. Mr. Felt was designated as an Inspector on January 23, 1963 in the Training Division.

Mr. Felt has contributed immeasurably to the revision and updating of all phases of work in the Training Division. In view of his exceptional ability and contributions he has definitely earned an outstanding performance rating for the period of April 1, 1962 to March 31, 1963.

Mr. Felt makes a superior personal appearance. He has an outstanding personality and is most effective and impressive in his personal contacts as well as his liaison responsibilities. He is a tireless worker who has given freely of his own time to accomplish outstanding results both as a Special Agent in Charge and a Number One Man in the Training Division. He affords all matters close and tight supervision and has the respect of his associates and subordinates.

As an SAC and as a Number One Man he has handled personnel in a superior manner and has developed fine relations with other agencies. While an SAC he developed an outstanding training program in the field and has continued to implement these ideas in the furtherance of the over-all training program of the FBI. Mr. Felt, through his outstanding leadership, personal guidance and perseverance, has merited special commendation on numerous occasions during the rating period. He was cited for his outstanding efforts in the handling and supervision of criminal matters, identification of victims and investigation of a Continental Airlines crash. Numerous highly placed individuals in the Kansas City area in letters to the Director commended Mr. Felt for his superior abilities as Special Agent in Charge of that division. Mr. Felt has also materially aided in the placing of more know-how in the over-all FBI training programs.

Mr. Felt has served in the FBI for more than twenty-one years. Through his outstanding abilities he has risen from the ranks to his present position as Inspector and Number One Man in the Training Division. His elevation during the rating period is based upon his outstanding technical competence and supervisory ability. He has demonstrated superior and analytical ability and unusually fine initiative. Mr. Felt's achievements and over-all performance has been superior and outstanding in all phases of endeavor.

Mr. Tolson

4-5-63

Mr. Mohr

EUGENE W. WALSH
Number One Man - Inspector
Administrative Division

W. MARK FELT
Number One Man - Inspector
Training Division

AUGUSTUS K. BOWLES III
Number One Man - Inspector
Identification Division

BRIGGS J. WHITE
Number One Man
Laboratory Division

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual reports for Messrs. Walsh, Bowles, Felt and White in which their services have been rated Outstanding for the period 4-1-62 through 3-31-63. Mr. Belmont has signed the rating of Mr. White and I have signed the ratings of Messrs. Walsh, Bowles and Felt as Reviewing Official.

These men were all rated Outstanding on their 1962 annual performance ratings and no serious administrative action has been taken against them during the current rating period.

In the event you approve these ratings, I respectfully request that the Director sign both the original and the copy of each as Approving Official. Upon receipt of all ratings from the Seat of Government and the field, these and other Outstanding ratings will be transmitted to the Department for approval by the Efficiency Awards Committee. Messrs. Walsh, Bowles, Felt and White are all in Grade GS 16 thus they will then be entitled to cash incentive awards in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above.

RECOMMENDATION:

That the Director, as Approving Official, sign the original and copy of each of the attached Outstanding ratings for Messrs. Walsh, Bowles, Felt and White and upon approval by the Department they be furnished copies of their ratings and approved for incentive awards of \$400.

Enclosures

RRB:crt

(5)

1 - Personnel File of Augustus K. Bowles III

1 - Personnel File of W. Mark Felt

1 - Personnel File of Briggs J. White

PERMANENT BRIEFS ATTACHED.

APR 22 1963

134

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

April 16, 1963

I certify that I have received the following Government property for official use:

~~returned~~
returned

Copy #2 of Training Guide # 1, "AUDITING STANDARDS IN THE FBI"

FILE

3-M

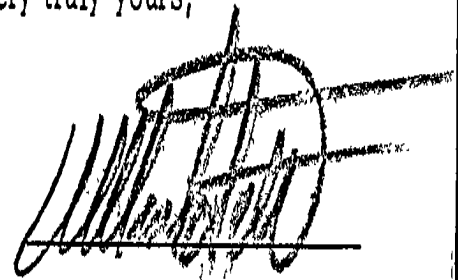
PER CSS

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
~~DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY~~

Very truly yours,

(Signature)



(Typed name)

W. Mark Felt

67-~~NOT RECORDED~~

9 APR 18 1963

39



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI, who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstance's exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W MARK FELT</u>	<u>3-7-63</u>	<u>TRAINING DIV.</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>

Address
<u>1208 MUSKET COURT FAIRFAX VIRGINIA</u>

Name	Relationship
[Redacted]	[Redacted]

Address
[Redacted]

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>AS ABOVE</u>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>AS ABOVE</u>	

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

MAR 8 1963

[Signature]
Special Agent

67-NOV RECORDED
MAR 10 1963

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b7c

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3-10-63

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

4/16/63

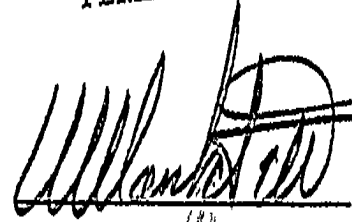
I certify that I have received the following Government property for official use:

~~returned~~
Copy #4 of Training Guide #2, "GUIDELINES FOR INSTRUCTORS AT SOG"

FILE

3-M

Very truly yours,
PER



(Signature)

(Typed name) W. Mark Felt

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

67-~~NOT~~ RECORDED

9 APR 18 1963

39

April 19, 1963

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

APR 19 11 37 AM '63
FBI
P.D.-READING ROOM

Dear Felt:

I am taking this opportunity to advise that your services for the period from April 1, 1962, to March 31, 1963, have merited an Outstanding performance rating, which has been approved by the Efficiency Awards Committee of the Department. You may retain the enclosed copy of this rating.

It is my pleasure also to inform you that in recognition of your exceptional performance I have approved an incentive award of \$400.00 for you. There is enclosed a check in the amount of \$328.00, which represents this award less withholding tax. I want you to know that your superior and dedicated services are deeply appreciated.

REC-139

Sincerely,

J. Edgar Hoover

67-27657-342
Searched _____ Numbered _____
APR 22 1963

Enclosures (2)

1 - Mr. Casper (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 [] (Sent Direct)

MAILED 20
APR 19 1963
COMM-FBI

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

REC-139
LRH:dks
(5)

Award #1072-63

XEROX
DEC 13 1978

MAIL ROOM TELETYPE UNIT

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CRV

- Mr. Tolson ✓
- Mr. Belmont _____
- Mr. Mohr _____
- Mr. Casper _____
- Mr. Callahan ✓
- Mr. Conrad _____
- Mr. DeLoach _____
- Mr. Evans _____
- Mr. Gale _____
- Mr. Rosen _____
- Mr. Sullivan _____
- Mr. Tavel _____
- Mr. Trotter _____
- Tele. Room _____
- Miss Holmes _____
- Miss Gandy _____

April 22, 1963

✓

W. Mark Felt

Mr. John Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

Dear Mr. Hoover:

Your action in giving me an Outstanding performance rating is most gratifying. I am deeply appreciative of this recognition and the accompanying incentive award of \$400.

Please be assured of my continued efforts to meet your high standards and merit your approval. What success I have is due in the most part to the inspiration of your dynamic leadership.

It is my hope to work for and with you for many years to come.

Respectfully,

W. Mark Felt
 W. Mark Felt
 #1 MAN-TRAINING DIVISION

APR 30 1963

~~EXP. PROC.~~

APR 23 1963

REC-148

67-276576-343
Searched _____ Numbered _____
4 APR 24 1963

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UNITED STATES GOVERNMENT

Memorandum

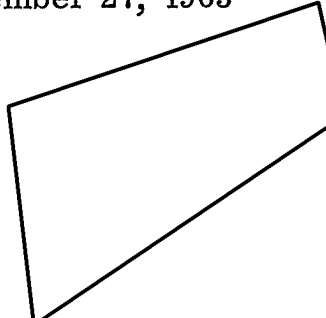
Tolson	_____
Belmont	_____
Mohr	_____
Casper	_____
Callahan	_____
Conrad	_____
DeLoach	_____
Evans	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : Mr. Casper

DATE: September 27, 1963

FROM : W. Mark Felt

SUBJECT: ACCIDENT WHILE DRIVING
PERSONALLY OWNED CAR
9/26/63



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b7C

While driving to work in my personally owned car, a 1963 Pontiac, on 9/26/63, I was involved in an accident with another car at the intersection of Gallows Road and Highway 50.

The line of cars in front of me stopped suddenly and I was unable to avoid hitting the car immediately in front of me. Damage was minor as I had been able to come to a stop before the impact. The other car, a Volkswagon bus, was driven by He had three passengers in the car with him. A woman passenger said that she bumped her knee in the accident but did not regard the injury as serious. The other passengers disclaimed any injury.

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b7C

Police were not called in view of the minor nature of the accident; however, I subsequently reported it to the Virginia Highway Patrol as required by Virginia law.

I have reported this matter to my insurance company and the driver of the other car will be contacted and settlement made. I informed the insurance company that I thought the accident was my fault. Damage to the Volkswagon bus appeared to be negligible. Damage to my car is estimated at \$50.-

RECOMMENDATION:

That this memo be placed in my personnel file for record purposes.

REC-138

Searched _____	Numbered _____
OCT. 2 1963	

1 - Mr. Callahan
WMF:hcv
(3)

This was a very minor accident
[Signature]
[Signature] 9/30

3/1/63

18
5 OCT 4 1963

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

September 3, 1963

I certify that I have received the following Government property for official use:

~~returned~~
returned

Copy #2 of Training Document #66, "COURTESY IN LAW ENFORCEMENT"

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

3 SEP 10 1963

FILE

3-M

Very truly yours,

PER

(Signature)

(Typed name)

W. Mark Felt

MR. TOLSON

August 14, 1963

J. H. GALE

INSPECTION - TRAINING DIVISION
ASSISTANT DIRECTOR JAMES H. GALE
JULY 22 - AUGUST 2, 1963

SYNOPSIS

Officials: Assistant Director Joseph J. Casper in charge of Division since separation from Training and Inspection Division 9/26/62; Inspector W. Mark Felt Number One Man since 10/22/62.

Physical Condition and Maintenance - Very Good. Division occupies space in Justice Building, Old Post Office, Quantico and Midland and Sowego Radio Stations. Space secure, organized efficiently, and adequate for Division needs. Minor housekeeping delinquencies noted and ordered corrected. Quantico ranges and radio stations exceptionally well maintained. Automotive equipment inspected and found to be adequate, not excessive, and in very good condition except for one safety defect consisting of partially smooth spare tire in car assigned Sowego Radio Station (administrative action handled separately).

Specific Division Operations - Very Good. Division responsible for Bureau-wide training programs. Increased emphasis being placed on more "know-how" into all phases of training operations. Where possible seminars replacing lectures and specific investigative problems being discussed and analyzed. During fiscal year 1963, 363 new Agents trained. Substantial increase anticipated this fiscal year. Training Program adequate and covers general and specific needs of new Agents. Inspector instructed Division to intensify Police Training Programs so as to insure Bureau's continued leadership in this field. 3,081 Police Schools held last year, total attendance 105,209. Emphasis being placed on executive and administrative phases of law enforcement work in National Academy (NA) training. Division closely following progress of International Police Academy. Stenographic training and Suggestion Programs satisfactory. Number of suggestions received Bureau-wide increased over previous fiscal year and tangible savings totaling approximately \$41,000 effected. Three Training Documents published last year. Five more being prepared. One training film being produced, 4 others under consideration. Training Division instructors well prepared, interesting, and informative. Inspector stressed need for greatly expanded use of visual aids to facilitate training. Readjustment of new Agents' class schedules by Training Division resulted in substantial per diem savings to Bureau.

1 - Mr. Callahan (Attention: Mr. C. R. Davidson) (Sent Separately)

① - Personnel File of Inspector W. Mark Felt

1 - Personnel File of SAC Sloan Quantico (SOG file)

Enclosure 1 - Personnel File of Asst. Dir. Casper

JHG:wmj (6)

61

Memo for Mr. Tolson
Re: Inspection - Training Division

Administrative Operations - Very Good. Inspector feels #1 Man can assume more responsibility in auditing instructors and supervision of new Agents. Adequate administrative checks being made to insure efficient operations. Continued economy stressed. Stenographic production less than over-all SOG average and pages retyped high. Both due to new stenographer who entered on duty 7/17/63. Registers and inventory records generally being handled properly. Implementation of recommendations made by Inspector will facilitate locating pertinent information in NA files and will facilitate supervision of NA investigations.

Personnel Matters - Very Good. Clerical and Agent personnel adequate but not excessive at this time. Two Agent instructors on loan from Washington Field Office (WFO) justified in view of heavy load of new Agents' training scheduled in Fall of 1963. With decline of peak load and realignment of certain lectures and administrative duties of #1 Man, Training Division should be able to release these two men to WFO. One additional maintenance employee, Quantico, and 2 stenographers for Division (replacements) justified. Voluntary overtime necessary and equitably shared. Interview Program to detect below-average new Agents effective and will continue. Morale appears very high. 18 Agents attending 3 new Agents' classes interviewed. Inspector impressed with caliber and appearance of new Agents as well as knowledge of Bureau rules, policies and procedures. Contributions to "The Investigator" and "Law Enforcement Bulletin" excellent.

Contacts - Excellent. Extensive liaison being maintained. 8 of 30 contacts developed since Division organized. 38 speeches and special lectures by Division personnel, 10 of which were handled by Assistant Director Casper. Through liaison with International Association of Chiefs of Police, Assistant Director Casper acquainted with Chiefs in most major cities. Quantico's liaison with United States Marine Corps and leading firearm and ammunition manufacturers is outstanding.

RECOMMENDATIONS:

1. Assistant Director Joseph J. Casper, EOD 1/5/41, GS-17 @ \$18,500. Mr. Casper makes an outstanding personal appearance and has a fine personality which enables him to readily make friends in the field of law enforcement. Casper is intensely interested in his job, is enthusiastic, and it is felt that under his direction the Training Division has done an above-average job in fulfilling its responsibilities. It is recommended that Mr. Casper be continued as Assistant Director and that the attached letter go forward advising him of the inspection findings.

Memo for Mr. Tolson
Re: Inspection - Training Division

2. **W. Mark Felt, Number One Man, EOD 1/26/42, GS-16 @ \$17,500.** Mr. Felt makes an excellent personal appearance and is a dedicated, conscientious career employee. He is doing a competent job as Number One Man in the Training Division and excellent teamwork exists between Mr. Casper and Mr. Felt. It is recommended that he be continued as Number One Man.

3. **SAC Henry L. Sloan, Quantico, Virginia, EOD 4/15/35, GS-16 @ \$18,000.** Mr. Sloan makes an excellent personal appearance, is extremely conscientious and is operating the Academy at Quantico in a highly satisfactory manner. He is an excellent public relations man who has established very fine liaison with the Marine Corps officials at Quantico. It is recommended that he continue as SAC at Quantico.

4. **Recommendations regarding other personnel being handled separately.**

Memo for Mr. Tolson
Re: Inspection - Training Division

DETAILS

PHYSICAL CONDITION AND MAINTENANCE VERY GOOD

Division occupies space in Justice Building, Old Post Office, Quantico (Academy, Range, and Midland and Soweego Radio Stations), and one room in the Identification Building used for stenographic training. During peak loads of training, classrooms in Laboratory and Files and Communications Divisions used. Portion of Academy space at Quantico being utilized for permanent storage of communications equipment for use in Buplans operation. Need for expansion of communications equipment at Academy under consideration. Division maintaining space in secure condition, is organized for efficient operations, and space assigned is considered adequate although no room for expansion.

Minor housekeeping delinquencies noted and ordered corrected. Dishes being maintained at range kitchen, Quantico; exposed to insecticide sprays - Inspector ordered dishes removed. Large area utilized to store surplus machine guns needed for spare parts - Inspector instructed needed parts be removed and remaining parts be disposed of in order to eliminate congestion. Range classroom untidy. Academy and Radio Stations at Midland and Soweego maintained in excellent condition.

Automotive equipment assigned Quantico inspected. Partially smooth spare tire considered unsafe for use during inclement weather detected in car assigned to Quantico for use at Soweego Radio Station. Inspector ordered tire replaced and administrative action regarding those responsible for this potential safety hazard being handled separately. Number of cars assigned to Quantico adequate, but not excessive. Requests for equipment by Division justified with exception of fluid duplicator (savings of \$200).

SPECIFIC DIVISION OPERATIONS VERY GOOD

Training Division responsible for supervision of over-all training program throughout the service. Increased emphasis placed on putting more "know-how" into all phases of training program. Agents attending In-Service training impressed with changes made. During fiscal year 1963, 33 In-Service classes held covering wide variety of subject matter. Number of significant changes have been made in In-Service Training Program by Training Division and Training Committee to improve quality. These primarily include the use of seminars to replace lectures and the discussion of specific investigative problems rather than

Memo for Mr. Tolson
Re: Inspection - Training Division

referring to statistics and reciting manuals. During fiscal year 1963, 363 new Agents trained. Substantial increase expected during current fiscal year. Training Program adequately covers general and specific needs of new Agents. Training Program revised in order to allow new Agents to devote 30 hours to highly important subject matter of interviews and taking of signed statements. Readjustment of new Agents' class schedule resulted in substantial savings to Bureau.

Police Training Programs and Law Enforcement Conferences adequate. During fiscal year 1963, 3,081 Police Schools held with attendance of 105,209. 258 Law Enforcement Conferences convened with total attendance of 26,964.

Increased emphasis being placed on executive and administrative phases of law enforcement work in National Academy (NA) training. 181 police officers trained at National Academy during fiscal year 1963. This included 13 foreign officers. 18 more foreign officers scheduled to attend August, 1963, NA class. Training Program continually being re-evaluated and revised to improve quality of program. Division closely following progress of International Police Academy (sponsored by Agency for International Development).

Supervision of Bureau-wide Suggestion Program satisfactory. Suggestions being handled and acknowledged promptly. Number of suggestions increased from 1039 to 1141 during fiscal year 1963 and the number of suggestions adopted increased from 275 to 317. Tangible savings amounted to approximately \$41,000. Inspector made suggestion to streamline tabulations maintained with regard to number of suggestions submitted.

Stenographic training provided 155 Bureau employees (76 attended Procedures Class, 10 Basic Shorthand Class, and 69 Advanced Shorthand Class) during fiscal year 1963. Inspector made suggestion to speed up institution of stenographic procedures course so that data taught will be more meaningful and useful.

Three Training Documents published during fiscal year 1963. Since inception of Training Document Program, 65 have been published relating to a wide variety of pertinent subject matter. Five additional documents being prepared. One additional training film being prepared and 4 others under consideration. Need for greatly expanded use of visual aids in lectures to In-Service and new Agents' classes stressed.

Physical Training Unit, Legal Research Desk, Forms Management Desk and Manuals Desk being operated in highly satisfactory manner.

Memo for Mr. Tolson
Re: Inspection - Training Division

Audits made during inspection of classroom instructors indicated they are well prepared, interesting and informative. Instructors are highly capable. Appearance and operation of the Academy and Ranges at Quantico satisfactory and are receiving proper supervisory attention.

ADMINISTRATIVE OPERATIONS VERY GOOD

Division composed of front office to which Assistant Director and Number One Man assigned and Quantico where SAC and ASAC assigned. Radio Stations at Sowege and Midland also under administrative control of Division and are the specific administrative responsibility of SAC, Quantico. Supervisory and administrative assignments within Division equitably shared; however, Inspector feels Number One Man could assume more responsibility in the auditing of instructors and supervision of New Agents.

Assistant Director and Number One Man close to operations of Division and working as a team. Adequate number of administrative checks being made to insure efficient Division operations. Use of clerical employees to handle field forms, suggestions, and manual revisions fully justified and clerical work evenly distributed. Spot-check inventory of property maintained at Quantico satisfactory. Continued economy in operations stressed.

Time and attendance records and clerical registers being handled in accordance with Bureau regulations.

Stenographic pool consisting of 6 stenographers and 1 typist adequately assigned. Production survey indicates producing 2.43 pages per hour as compared to over-all SOG average of 2.64 pages per hour. Pages retyped high (26). Under-average productivity and high number of pages retyped primarily due to new stenographer who entered on duty 7/17/63.

Inspector recommended and Assistant Director agreed to revision of form to facilitate supervision of NA investigations and to suggestion to establish subfiles for NA matters to facilitate locating pertinent material. Odd-hour shifts justified. Adequate tickler systems in effect to insure important items handled. Contributions to Law Enforcement Bulletin excellent. Since September, 1962, Division has prepared or assisted in the preparation of 17 Law Enforcement Bulletin articles and 4 more articles due to be published in the near future. Division defense plans up to date and workable. Errors in correspondence low. Since 9/1/62 one error detected within Division and one outside Division.

Memo for Mr. Tolson
Re: Inspection - Training Division

PERSONNEL MATTERS VERY GOOD

29 Agents assigned to Division (18 at SOG - 11 at Quantico). Two Agents on loan from Washington Field Office being used as lecturers. Their continued use justified in order to handle heavy schedule of National Academy and new Agents' classes this fall. Inspector instructed Division re-evaluate personnel needs immediately after new Agents' classes decline in number in order to release two Agents on loan to Division. Inspector feels this can possibly be accomplished by assigning additional lectures to ASAC at Quantico and to SOG supervisors handling new Agent and National Academy matters.

62 clerks assigned to Division - 25 at SOG, 15 at Quantico and 22 at the Midland and Sowege Radio Stations. Request for one additional maintenance employee at Quantico and 2 stenographers as replacements for SOG steno pool justified. Agent and clerical personnel believed adequate, but not excessive.

Voluntary overtime for three-month period April - June, 1963, averaged 2'21" per day (SOG average 2'18" per day) - productive, essential and equitably shared. No Agents assigned to Division overweight, on probation, or on limited duty. 58 letters of commendation and 8 incentive awards since Division in existence. Morale appears to be very high.

18 Agents attending 3 new Agents' classes interviewed. Inspector impressed with caliber and appearance of new Agents as well as knowledge of Bureau's rules, regulations and procedures. Assistant Director instructed to continue program to ferret out undesirable new Agents.

100% membership in FBIRA. Flower Fund being maintained in accordance with Bureau regulations. Divisional recreation activities excellent and highlighted by FBIRA Field Day at Quantico. Submissions to "The Investigator" (33) considered excellent. All Agents assigned to Division and representative number of Agents attending new Agents' classes contacted within one hour on availability check.

CONTACTS EXCELLENT

Extensive liaison contacts being maintained by Division. 8 of a total of 30 contacts developed since Training Division organized 9/27/62. 38 speeches and special lectures given by personnel in Division before outside groups. 10

Memo for Mr. Tolson
Re: Inspection - Training Division

personally handled by Assistant Director. Liaison with International Association of Chiefs of Police (IACP) handled by Assistant Director, who is member of Executive Committee. As committeeman Assistant Director has become acquainted with Chiefs of Police in nearly all major cities. Training Division also maintains liaison with Agency for International Development (AID) and through AID coordinates training of foreign police officials attending National Academy as well as other special training and techniques given foreign police officials. Training Division liaison with leading professional accounting groups excellent and has resulted in preparation of articles concerning FBI in professional journals each year since 1960. SAC, Quantico, maintains excellent close liaison with officials and officers of the United States Marine Corps as well as with leading firearms and ammunition manufacturers.

Name: W. Mark Felt

Title: Inspector (#1 Man)

EOD: January 26, 1942

Grade: GS-16 at \$17,500

Veteran: No

Not on Probation

ASSISTANT DIRECTOR J. J. CASPER. *JJC* 7/24/63

JJC:hcv

This personnel write-up is submitted on Inspector Felt who is presently serving as the Number One Man of the Training Division. Inspector Felt makes a superior initial impression with a fine personality and outstanding attitude toward his assignments. He has contributed to the achievements of the Training Division and has given freely of his own time to accomplish the goal of his assignments. Mr. Felt has demonstrated a keen analytical ability to closely follow up on all of his assignments to see that they are handled with dispatch and correctly. He received an outstanding performance rating in his 1962 annual rating and was given an incentive award in the amount of \$400. He shared in a commendation of the Training Division for valuable services to the Specialized In-Service Kidnaping School held in April, 1963.

Rating: Excellent

ASSISTANT DIRECTOR J. H. GALE:
(JHG:wmj 8/14/63)

For comments of
Assistant Director see
memorandum J. H. Gale

to Mr. Tolson dated August 14, 1963, captioned, "Inspection - Training Division, Assistant Director James H. Gale, July 22 - August 2, 1963."

TRAINING DIVISION INSPECTION

7/24/63

JJC:hcv

JJC 12

10 JHG
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67-NOT RECORDED
4 AUG 16 1963



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>7-29-63</u>	<u>TRAINING</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUORLEY R. FELT</u>	<u>WIFE</u>

Address
<u>1208 MUSTARD COURT, FAIRFAX, VIRGINIA</u>

Name	Relationship
[Redacted]	[Redacted]

Address
[Redacted]

b6
b7c

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

[Signature]
Special Agent

Payment Received
Special Agents Insurance Fund

JUL 30 1963
84 J. Edgar Hoover, Director
SEP 12 1963

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

6-9-63

I certify that I have received the following Government property for official use:

~~returned~~

D. C. OFFICIAL PARKING PERMIT, EXPIRES 6-30-64
(pink)

FILE
3-M

READ

Very truly yours,
PER

colh

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Signature)

W. Mark Felt

(Typed name) W. MARK FELT

31

NOT RECORDED
NOT RECORDED
4 AUG 15 1963

May 2, 1963

Mr. Joseph J. Casper
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Casper:

I am particularly pleased to commend, through you, the personnel who contributed such valuable services to the Specialized In-Service Kidnaping school last month.

Many favorable remarks were received regarding the effectiveness and high quality of this specialized training and the success realized can be attributed in no small measure to the splendid skill, enthusiasm and devotion to duty these men displayed in handling their particular responsibilities. The manner in which the school was conducted was indeed noteworthy and I want you to convey my sincere appreciation to the men who assisted.

Sincerely yours,

I cc for personnel file of Inspector W. Mark Felt

NOT RECORDED
4 JUN 18 1963

DUPLICATE YELLOW

#2
REPORT OF MEDICAL EXAMINATION

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME
Felt, W. Mark

2. GRADE AND COMPONENT OR POSITION
Inspector

3. IDENTIFICATION NO.

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)

5. PURPOSE OF EXAMINATION
Annual

6. DATE OF EXAMINATION
10-4-63

7. SEX
M

8. TOTAL YEARS GOVERNMENT SERVICE

9. MILITARY CIVILIAN

10. AGENCY

11. ORGANIZATION UNIT

12. DATE OF BIRTH
8-17-13

13. PLACE OF BIRTH
Twin Falls, Idaho

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
N N M C

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR-MAL
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

*Copy of REC
12-17-74
NY*

2 ENCLOSURE att
REC-140

61-226576-345
Searched _____ Numbered 66
5 NOV 1 1963
3/28

39. OPS LLQ
Hemorrhage S. Ki Inguinal
NCD

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

○—Restorable teeth
/—Nonrestorable teeth

X—Missing teeth
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

R	X	2	3	4	5	6	7	8	9	10	11	12	13	X	14	15	X	L
I																		E
G	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	X	F
H																		T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

*No DEFECTS NOTED
Dyes
Class 1*

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY **1.023**

B. ALBUMIN **neg.**

C. SUGAR **neg.**

D. MICROSCOPIC **neg.**

46. CHEST X-RAY (Place, date, film number and result)
18869-63 Normal.

47. SEROLOGY (Specify test, used and result)

48. EKG **Right ventricular conduction delay.**

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

NOV 5 1963

X

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72 1/2"	52. WEIGHT 171	53. COLOR HAIR BROWN	54. COLOR EYES BLUE	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
------------------------------	--------------------------	--------------------------------	-------------------------------	--	-----------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 108	B. RECUMBENT	SYS.	C. STANDING (3 min.)	SYS.	A. SITTING 68	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 76		DIAS.							

59. DISTANT VISION		60. REFRACTION			61. .750m NEAR VISION	
RIGHT 20/20	CORR. TO 20' 15	BY	S.	OX	CORR. TO 20/8	BY LENS
LEFT 20/25	CORR. TO 20' 15	BY	S.	OX	CORR. TO 20/8	BY LENS

62. HETEROPHORIA (Specify distance)						
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC PD
				#5 (42) #14 (56) #15 (87)	CT	

63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED
RIGHT	LEFT	1940 AOC 18/15				CORRECTED

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION	
---------------------	--	--	--	-------------------	--	-------------------------	--

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV	15 /15 SV	15 /15		250	500	1000	2000	3000	4000	6000	8000				
				256	512	1024	2048	2896	4096	6144	8192				
LEFT WV	15 /15 SV	15 /15		RIGHT											
				LEFT											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S

77. EXAMINEE (Check)

A. IS QUALIFIED FOR

B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE **H. D. Salovey**

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

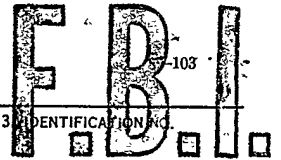
SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY



THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME FELT, W. MARK		2. GRADE AND COMPONENT OR POSITION GS 16	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State) 1208 MUSKET COURT FAIRFAX, VIRGINIA		5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL	6. DATE OF EXAMINATION 10-4-63
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN 28	10. AGENCY FBI
12. DATE OF BIRTH 8-17-13		11. ORGANIZATION UNIT TRAINING DIVISION	
13. PLACE OF BIRTH TWIN FALLS, IDAHO		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN EARL FELT FATHER TWIN FALLS, IDAHO	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

EXCELLENT

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	86	EX				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	84	EX				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	48	EX				<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS AND SISTERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>		BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>		HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>		BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD	<input checked="" type="checkbox"/>		HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		BLEED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>		HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? ONE	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 23 YEARS	25. WHAT IS YOUR USUAL OCCUPATION? FBI AGENT	26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	--	--	--

ENCLOSURE

67-276576-345

JP

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

#32
 SINUS OPERATION 1929
 HERNIADROMPHY 1948
 ABDOMINAL BIOPSY 1952



b6
b7c

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE: W. MARK FEET SIGNATURE: [Signature]

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

all stems used

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: _____ DATE: _____ SIGNATURE: [Signature] NUMBER OF ATTACHED SHEETS: _____

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Felt, W. Mark
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-276576-345

~~_____~~

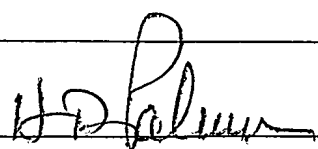
Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 181
6'	148 - 158	154 - 171	164 - 186
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

RECEIVED
 105 AM '53
 DIV.

4. Examinee's frame is small medium large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6. Under proper medical supervision, examinee should lose _____ pounds
 gain _____ pounds

Remarks: _____



 (Signature of Medical Examiner)



 (Date)

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
Belmont	_____
Mohr	_____
Casper	_____
Callahan	_____
Conrad	_____
DeLoach	_____
Evans	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____

[Handwritten signature/initials]

TO : Mr. Mohr

DATE: October 30, 1963

FROM : J. J. Casper *[Handwritten initials]*

SUBJECT: ERROR IN CORRESPONDENCE

W. Mark Felt

An error was detected in Mr. Tolson's Office in an outgoing letter dated November 6, 1963 to Mr. Cato S. Hightower, Chief of Police, Fort Worth, Texas, wherein "Fort Worth" was spelled "Forth Worth."

This letter was one of one hundred ~~other~~ departure letters that were prepared by stenographers of the Training Division during the period September 12 through 17, 1963. These letters are called departure letters in that they are dated and mailed on the day of graduation of the current session of the FBI National Academy.

The letter to Mr. Cato S. Hightower was prepared by Stenographer who entered on duty in the Training Division, July 15, 1963. The letter was prepared from a tickler copy of an approved general letter and the tickler copy of a letter to Chief Hightower extending an invitation for his representative to attend the 72nd Session. The letter bears the initials "JVC:kap." All letters of this nature are reviewed by Supervisor J. V. Cotter on the National Academy Desk, then by Mr. Felt, #1 Man of the Training Division, and by myself as Assistant Director.

According to the Supervisor's Manual, as maker of this letter would ordinarily be subject to censure. However, in view of the fact that she had not been employed by the Bureau for more than sixty days at the time this letter was prepared and inasmuch as she is developing into a dedicated, interested and loyal Bureau employee, I do not feel that she should be censured. It could certainly affect her morale to do so. I further feel that inasmuch as this is in effect a form letter and not a dictated item as such, SA Cotter as the initial reviewer should not be censured. The greater majority of these one hundred letters were reviewed by him, Mr. Felt and myself at about the same time. This volume coupled with the volume of correspondence connected with the forthcoming National Academy graduation, although not an excuse for missing this obvious stenographic error, I feel, serves in mitigation.

RECOMMENDATION:

That the stenographer be charged with an error, not censurable and to be considered in her over-all performance within the next 9 months, and that Cotter, Felt and I receive reviewer errors.

67-598675-14

Searched _____	Numbered _____
NOV 1 1963	

1 - Mr. Callahan
JJC:hcv
(3) 1 NOV 7 1963 '23

3034B XEROX
NOV 6 1963

[Handwritten signature]

[Handwritten signature]
errors
scored
[Handwritten initials]

b6
b7C

b6
b7C

W. Mark Felt

October 22, 1963

Captain [redacted]
U. S. Naval Reserve
Assistant Director of Naval Intelligence
Security
Office of the Chief of Naval Operations
Department of the Navy
Washington, D. C. 20350

b6
b7C

Dear Captain:

Thank you for your letter of October 15th concerning the assistance furnished you by representatives of this Bureau in connection with your Agents' Training Program. It was certainly good of you to write me and your comments are most complimentary. Messrs Felt, Curley, [redacted] and Webb join me in expressing appreciation for your thoughtfulness in writing.

b6
b7C

Sincerely yours,

DUPLICATE YELLOW

1 - Mr. Casper - Enclosure
1 - Mr. Trotter - Enclosure
1 - Mr. Sullivan - Enclosure
10 OCT 23 1963 - Mr. Conrad - Enclosures (2)

JCF:deh (12)

Bureau note and personnel file copies listed next page

Captain [redacted]

b6
b7C

- 1 - Personnel file of SA Lawrence T. Gurley - Enclosure
- ① - Personnel file of SA W. Mark Felt - Enclosure
- 1 - Personnel file of SA Frederick E. Webb - Enclosure
- 1 - Personnel file of [redacted] - Enclosure

b6
b7C

NOTE: Bufiles contain no derogatory or additional pertinent information concerning Captain [redacted]

b6
b7C

January 24, 1964

PERSONAL

Dear Felt:

My sincerest congratulations upon your Twenty-Second Anniversary with the Bureau. I know the pride you have in your work and I can say in all honesty that I, too, am proud of the record you have made, and am looking forward to benefiting through your services in the years ahead.

With every good wish,

Sincerely,

J. EDGAR HOOVER

D
Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. C.
TIME 9:50 AM
RATE 24 Jan 64
BY HBE

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

REC-133

67-276576-346
Searched _____
Numbered _____
1 JAN 24 1964

JEH:eh January 26

SP JAN 28 1964

MAIL ROOM TELETYPE UNIT

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

11/18/63

I certify that I have received the following Government property for official use:

~~returned~~
Copy #2 of Training Document #67, "Background Investigation of
Law Enforcement Officers"

FILE

3-M

READ

The Government property which you hereby acknowledge
is charged to you and you are responsible for taking care
of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

~~ANYWAY~~ NOT RECORDED

10 NOV 21 1963

Very truly yours

PER

(Signature)

(Typed name)

W. Mark Welt

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	_____
Mr. DeLoach	_____
Mr. Evans	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

January 24, 1964

Mr. John Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

[Handwritten signature]

Dear Mr. Hoover:

Your thoughtfulness in remembering my
 Twenty-Second Anniversary with the Bureau and your
 generous remarks are most sincerely appreciated.

I am, indeed, proud of my association with
 this splendid organization. By far the most important
 factor in our continued success is your inspired guidance
 and direction. It is my hope that I can remain with the
 Bureau for many more anniversaries.

Sincerely,

[Handwritten signature: W. Mark Felt]

W. Mark Felt

REC-131

67-276-576-347
 Searched
 8 JAN 30 1964

10 JAN 31 1964

73

[Handwritten initials]

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
 Belmont _____
 Mohr _____
 Casper _____
 Callahan _____
 Conrad _____
 DeLoach _____
 Evans _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

TO : Mr. Callahan

DATE: 2-4-64

FROM : C. R. Davidson *CRD*
ACM RFD

SUBJECT: W. MARK FELT
 Number One Man - Inspector
 Training Division
 EOD 1-26-42; GS-16, \$17,500

The following is a brief summary of Mr. Felt's record for the Director's use.

He entered on duty 1-26-42 as a Special Agent and served in the Houston and San Antonio Offices until 12-1-42 when he was transferred to the Security Division. On 8-10-45/^{he} was again sent to the field and served in the Seattle Office until 9-24-54 when he was transferred to the Training and Inspection Division. On 12-16-54 he was transferred as ASAC to New Orleans. He also served as ASAC at Los Angeles and SAC at Salt Lake City and Kansas City. On 10-22-62 he was returned as #1 Man in the Training Division, where he is presently serving. He has been Inspector since 1-23-63. As #1 Man to the Assistant Director of the Training Division he assists in the over-all operations of this Division.

During an inspection of the Training Division, July 22 - August 2, 1963, Mr. J. H. Gale stated Mr. Felt made an excellent personal appearance and was a dedicated, conscientious employee. He was doing a competent job as Number One Man in the Training Division and excellent teamwork existed between Mr. Casper and Mr. Felt. The various functions of the office were rated as follows:

PHYSICAL CONDITION AND MAINTENANCE.....	VERY GOOD
SPECIFIC DIVISION OPERATIONS.....	VERY GOOD
ADMINISTRATIVE OPERATIONS.....	VERY GOOD
PERSONNEL MATTERS.....	VERY GOOD
CONTACTS.....	EXCELLENT

Mr. Felt was rated OUTSTANDING on his 1963 annual performance report and in recognition thereof he received a CASH AWARD in the amount of \$400.00 by letter dated 4-19-63. He has been COMMENDED several times, the last being 5-2-63, through Mr. Casper, along with the personnel who contributed such valuable services to the Specialized In-Service Kidnaping school last month. He has not been subject to more severe administrative action than CENSURE and PROBATION on 12-14-59 as a result of an inspection of the Kansas City Office in October, 1959, which disclosed several errors in cases under his supervision. He was serving as SAC at that time. Mr. Felt has not been CENSURED since his assignment to the Training Division 10-22-62. It is noted his REMOVAL FROM PROBATION was effective 10-21-60.

FDH:wh (2)
 Enclosure: Permanent Brief

REC-133

67-216576-348 (OVER)
 Searched _____
 8 FEB 12 1964

3
me

RE: W. MARK FELT
#1 Man - Inspector
Training Division

Mr. Felt does not list an office of preference and his overtime performance is considered satisfactory.

By letter dated 1-24-64 the Director congratulated him upon his Twenty-Second Anniversary with the Bureau. By letter dated 1-24-64 Mr. Felt expressed appreciation for this letter.

Mr. Felt last saw the Director 10-26-62. The Director stated he made an excellent personal appearance, seemed to be very enthusiastic about his new assignment and rated him above average. The Director stressed the importance of the Training Division's work and cautioned him about making statements before the classes of the Training Division which could be misinterpreted.

mpe
PHM

February 11, 1964

Mr. William Abraham
Chief of Police
Hazel Crest, Illinois

My dear Chief:

I have received your letter of February 6th concerning the assistance rendered by my associates in connection with your recent Command Level School. We are always glad to extend our cooperation in matters of mutual interest.

It was certainly good of you to write and you may be sure that Messrs. SAs Matthys, Thompson and Felt join me in expressing appreciation for your kind remarks.

Sincerely yours,

3 - Chicago - Enclosures (3)

2 - Mr. Casper - Enclosures (2)

Attention Inspector W. Mark Felt

1 - Personnel File of SA Francis W. Matthys - Enclosure

1 - Personnel File of SA James H. Thompson - Enclosure

① - Personnel File of Inspector W. Mark Felt - Enclosure

NOTE: Correspondent is not identifiable in Bufiles. SAs Matthys and Thompson are assigned to the Chicago Office. Inspector Felt is assigned to the Inspection Division.

JBS:med

(11)

REPLACEMENT YELLOW
REPLACEMENT YELLOW

67-NOT RECORDED
3 FEB 17 1964

WILLIAM ABRAHAM
CHIEF OF POLICE

b6
b7c

DEPARTMENT OF POLICE
HAZEL CREST, ILLINOIS

February 4, 1964

J. Edgar Hoover, Director
Federal Bureau of Investigation
506 Old Post Office Building
Washington, D. C.

Dear Mr. Hoover:

I wish to thank your office and agents of the Bureau who were the instructors of the Command Level School at Homewood, Illinois, January 28th to the 31st, 1964.

This school was by far the best I have ever attended. Subjects that were covered were very well put by the Instructors.

I, for one, believe that I received more information from this course than anything I have had in the 25 years I have been a police officer.

My special thanks to Frank Mathies, James Thompson, and Mark Felt, of your office.

With sincere appreciation,

William Abraham

William Abraham, Chief
Hazel Crest Police Department

February 12, 1964

[redacted]
Village of Homewood
Homewood, Illinois

b6
b7C

Dear [redacted]

I have received your letter of February 6th relative to the assistance rendered the Village of Homewood by my associates in connection with the recently completed command training school. It was certainly thoughtful of you to write me and I am glad that we were able to contribute to the success of your school.

Your favorable comments regarding this Bureau are most kind and you may be certain that my associates appreciate, as I do, your generous remarks.

Sincerely yours,

- 1 - Chicago
- 1 - Mr. Casper - Enc. Inspector
- ① - Personnel File of SA W. Mark Felt - Enc.

NOTE: There is nothing in Bufiles identifiable with correspondent. Inspector W. Mark Felt, assigned to the Training Division, and SAC Marlin W. Johnson, Chicago received copies of [redacted] letter.

b6
b7C

JBS:sls

(6) DUPLICATE YELLOW
50

67-NOV 13 1964
FEB 13 1964

VILLAGE OF HOMEWOOD

HOMEWOOD, ILLINOIS

Feb. 6, 1964

b6
b7C

[REDACTED]

Mr. J. Edgar Hoover
Chief Investigator
U.S. Department of Justice
Federal Bureau of Investigation
Washington 25, D.C.

Dear Mr. Hoover:

Recently representatives of the F.B.I. sponsored and conducted a command training school in the Village of Homewood for police officers of Homewood and 29 surrounding communities. I wish to express my appreciation and gratitude to your department for providing this invaluable service.

All who attended were unusually complimentary in their comments about the nature and administration of the course. I personally had the opportunity to meet several of your fine representatives and was equally impressed with their enthusiasm for increasing the professional standards of local police departments.

On behalf of [REDACTED] Board of Trustees I wish to commend your department for the manner and type of service afforded us and others.

b6
b7C

Very truly yours

[REDACTED]

b6
b7C

RAB:mc

cc: Mr. W. Mark Felt, Washington 25, D.C.

Mr. M. W. Johnson, FBI Special Agent-Chicago Office, 536 S. Clark, Chicago

[REDACTED]
Chief of Police

b6
b7C

me

2-14-64

PLAIN TEXT

TELEGRAM

URGENT

FEB 14 11 46 AM '64
REC'D-READING ROOM
FBI

D
MR. W. MARK FELT
PERSONAL DELIVERY ONLY
160 NINTH AVENUE, NORTH
TWIN FALLS, IDAHO

I WANT TO EXTEND MY HEARTFELT SYMPATHY TO YOUR FAMILY AND YOU ON THE PASSING OF YOUR FATHER. IT IS MY EARNEST HOPE THAT YOU WILL DERIVE SOME MEASURE OF CONSOLATION FROM KNOWING THAT THE THOUGHTS OF YOUR FRIENDS AND ASSOCIATES IN THE BUREAU ARE WITH YOU, AND THAT WE ARE SHARING YOUR SORROW.

JOHN EDGAR HOOVER

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION
FEB 14 1964
WESTERN UNION

*12:57 P
RE*

1/ SAC, Butte (Personal Attention)

Please be of all possible assistance to Inspector Felt.

1/ Mr. Casper (Personal Attention)

h

The Administrative Division received word the morning of 2-14-64 of the death of Inspector Felt's Father. Flowers are being sent from "John Edgar Hoover and Associates."

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

CER
(5)

*per
file*

John

W. Hoover

FEB 14 11 46 AM '64
REC'D-READING ROOM
FBI
*CRD
LSC*

NOT RECORDED
FEB 14 1964
INDEXED
DIRECTOR'S OFFICE

MAIL ROOM TELETYPE UNIT

RE

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION

FEB 14 1964

WESTERN UNION

T W BIA021 XV PD (CHG CC 15EZ3508)

WUX BI WASHINGTON DC 14 1257PME

W. MARK FELT PERSONAL DELIVERY ONLY

160 NINTH AVENUE, NORTH

TWEIN FALLS, IDAHO

I WANT TO EXTEND MY HEARTFELT SYMPATHY TO YOUR FAMILY AND
YOU ON THE PASSING OF YOUR FATHER. IT IS MY EARNEST HOPE THAT
YOU WILL DERIVE SOME MEASURE OF CONSOLATION FROM KNOWING
THAT THE THOUGHTS OF YOUR FRIENDS AND ASSOCIATES IN THE BUREAU
ARE WITH YOU, AND THAT WE ARE SHARING YOUR SORROW.

JOHN EDGAR HOOVER

PO CITY SHD READ TWIN FALLS.



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>1-21-64</u>	<u>TRAINING</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>

Address	
<u>1208 MUSKET CT FAIRFAX VIRGINIA</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	

Address	
[Redacted]	

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty; other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>SAME</u>	

Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JAN 22 1964

J. Edgar Hoover, Director

[Signature]
Special Agent

3-ecb

67-NOT RECORDED
14 7 MAR 4 1964

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
Belmont	_____
Mohr	_____
Casper	_____
Callahan	_____
Conrad	_____
DeLoach	_____
Evans	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

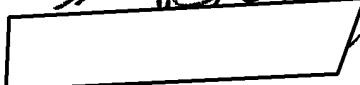
TO : Mr. Mohr

DATE: February 13, 1964

FROM : J. J. Casper *JJC*

SUBJECT: INSPECTOR W. MARK FELT

mcgloley

WEE
mcgloley


b6
b7C

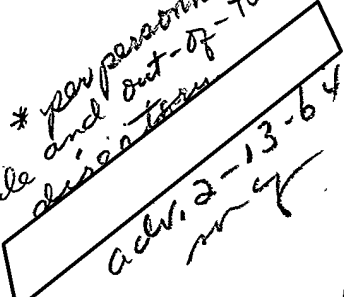
This is to advise that I received a telephone call from SAC Karl W. Dissly this morning advising me that Inspector Felt's father who lives in Idaho suffered a heart attack last night. He stated that Mr. Felt upon completing his commitments at Memphis left this morning for Twin Falls, Idaho, where his father is hospitalized.

As I recall, Mr. Felt's father is 87 years of age and has been in poor health. Mr. Felt can be reached care of Mr. Carl Felt, 160 9th Avenue, North, Twin Falls, Idaho. He will keep the Bureau advised as to his itinerary.

RECOMMENDATION:

Submitted for information.

JJC

** per personnel
file and out-of-town
dissemination*

*adv. 2-13-64
mcy*

JJC

*Diss. Pers. note
2-13-64
sul*

b6
b7C

1 - Mr. Callahan

JJC:hcv

(3)

REC-135

67-276576-349
Searched
8 FEB 17 1964

3
JJC

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
Belmont	_____
Mohr	_____
Casper	_____
Callahan	_____
Conrad	_____
DeLoach	_____
Evans	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____ b6
Tele. Room	_____ b7C
Holmes	_____
Gandy	_____

TO : Mr. Mohr

DATE: February 14, 1964

FROM : J. J. Casper *JJC*

SUBJECT: INSPECTOR W. MARK FELT

Handwritten notes and signatures:
 [Redacted box]
W. J. Foley
W. J. Boyle
W. J. Boyle

Reference is made to my memorandum of February 13, 1964, advising that Inspector Felt's father had suffered a heart attack and that Mr. Felt was leaving for Memphis to travel to Twin Falls, Idaho, where his father was hospitalized.

Mrs. Felt telephonically advised me this morning that Mr. Felt's father passed away before he was able to arrive in Twin Falls, Idaho. She advised that Mr. Felt's father would be buried tomorrow, February 15, 1964, in Twin Falls, Idaho. She did not know the name of the funeral parlor or its location but she gave the Felt address as 160 Ninth Avenue, North, Twin Falls, Idaho; telephone number direct dialing - 208-733-4754.

I expressed the sympathies to Mrs. Felt for the Bureau and told her she should tell Mr. Felt that he should take whatever time necessary in connection with this situation in order to handle his commitments. The Training Division is sending flowers.

RECOMMENDATION:

For information.

Handwritten initials: JJC

1 - Mr. Callahan
JJC:hcv
(3)

Handwritten note:
Wire sent
2-14-64
JJC

REC-142

67-276 576-350	
Searched _____	Indexed _____
5 FEB 19 1964	

3 FEB 24 1964 ⁸⁷

Handwritten signature:
3
JJC

February 13, 1964

AIRMAIL

Mr. W. Mark Felt
c/o Mr. Earl Felt
160 Ninth Avenue, North
Twin Falls, Idaho

FEB 13 4 40 PM '64
REC'D-READING ROOM
FBI

Dear Felt:

I am indeed sorry that it is necessary for your Father to be hospitalized, and hope that he is progressing satisfactorily.

Please extend to him my best wishes, and I want you to feel free to take all the time away from work that you desire in order to be with him.

MAILED 11
FEB 13 1964
COMM-FBI

Sincerely,

J. Edgar Hoover

1 - Mr. Casper (Personal Attention)

67-NOT RECORDED

SVL
(4)

Salutation obtained from Reading Room.

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

7

8

MAIL ROOM TELETYPE UNIT

[Handwritten signatures and initials]
V. K. ...
mcb

CRS
USE

FBI
FEB 13 1964

50

FEB 24 1964

Handwritten initials

February 25, 1964

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. Belmont	<input type="checkbox"/>
Mr. Mohr	<input type="checkbox"/>
Mr. Casper	<input type="checkbox"/>
Mr. Callahan	<input checked="" type="checkbox"/>
Mr. Conrad	<input type="checkbox"/>
Mr. DeLoach	<input type="checkbox"/>
Mr. Evans	<input type="checkbox"/>
Mr. Gale	<input type="checkbox"/>
Mr. Rosen	<input type="checkbox"/>
Mr. Sullivan	<input type="checkbox"/>
Mr. Tavel	<input type="checkbox"/>
Mr. Trotter	<input type="checkbox"/>
Tele. Room	<input type="checkbox"/>
Miss Holmes	<input type="checkbox"/>
Miss Gandy	<input type="checkbox"/>

Mr. John Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

Handwritten signature: W. Mark Felt

Dear Mr. Hoover:

This is to express my appreciation for your very thoughtful letter and telegram concerning my father's death and for the beautiful flower spray which you sent.

Your thoughtfulness and kindness were greatly appreciated by me as well as by other members of my family.

It is gratifying to work for one who is so considerate of his employees.

Sincerely,

Handwritten signature: W. Mark Felt

W. Mark Felt

Handwritten notes:
 Dir's pers. note filed
 sent 2/23/64 re: father's
 illness + wire sent
 2/14/64 re: father's death.

67- 276 576- 351
Searched _____ Numbered <u>27</u>
4 FEB 28 1964

REC-133

~~EXP. PROC.~~

35 FEB 26 1964

MAR 3 1964 82

Handwritten initials: 3/ [unclear]

April 14, 1964

PERSONAL

REC'D-READING ROOM
F B I
APR 14 3 55 PM '64

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I am pleased to advise that your services for the period April 1, 1963, to March 31, 1964, have merited an Outstanding performance rating, which has been approved by the Efficiency Awards Committee of the Department. You may retain the copy of this rating which is enclosed.

I also am pleased to advise you that in recognition of this splendid accomplishment I have approved an incentive award for you in the amount of \$400.00. The check for \$344.00 which is enclosed represents the award less withholding tax. You have certainly earned this through the highly capable and dedicated fashion in which you have handled your heavy responsibilities and I want you to know that your valuable services are greatly appreciated.

REC-142
Sincerely,
J. Edgar Hoover
67-276576-352
Searched
Numbered
APR 15 1964

Enclosures (2) *RM*

1 - Mr. Casper (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - [redacted] (Sent Direct) Award #620-6490X
LRH:eaj *ef* (5)

NOTE: Salutation per file.
Based on memo Mohr-Tolson 3/27/64.

DEC 13 1978

MAILED 10
APR 14 1964
COMM-FBI

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

APR 20 1964 MAIL ROOM TELETYPE UNIT

b6
b7c

Mr. Tolson

3-27-64

J. P. Mohr

AUGUSTUS K. BOWLES III
Number One Man - Inspector
Identification Division

EUGENE W. WALSH
Number One Man - Inspector
Administrative Division

W. MARK FELT
Number One Man - Inspector
Training Division

ROBERT E. WICK
Number One Man - Inspector
Crime Records Division

FRANK W. WAIKART
Number One Man
Files and Communications Division

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Bowles, Felt, Walsh, Wick and Waikart in which their services have been rated Outstanding for the period 4-1-63 to 3-31-64. I have signed these ratings as the Reviewing Official.

In the event you approve these ratings, I respectfully request that the Director sign both the original and the copy of each of them as the Approving Official. Thereafter they must be submitted to the Deputy Attorney General in the Department for approval by the Efficiency Awards Committee. Upon approval of these ratings by the Committee, they will be returned to the Bureau and Messrs. Bowles, Felt, Walsh, Wick and Waikart will each be furnished a copy of his rating. They will also be entitled to cash incentive awards under the provisions of the Incentive Awards Plan. Messrs. Bowles, Felt, Walsh and Waikart are in Grade GS 16 and Mr. Wick is in Grade GS 17 thus they will be entitled to awards in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above.

Should you agree with the foregoing, these ratings will be forwarded to the Department after 4-1-64, together with other Outstanding ratings.

RECOMMENDATION:

That the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance ratings for Messrs. Bowles, Felt, Walsh, Wick and Waikart and upon approval of the ratings by the Efficiency Awards Committee of the Department they each be approved for an incentive award of \$400.

Enclosures

RRB:crt (6)

- DUPLICATE YELLOW**
- ① Personnel File of W. Mark Felt
 - 1 - Personnel File of Eugene W. Walsh
 - 1 - Personnel File of Robert E. Wick
 - 1 - Personnel File of Frank W. Waikart

APR 15 1964

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: TRAINING DIVISION
(Division) (Section, Unit)

Official Position Title and Grade: NUMBER ONE MAN - INSPECTOR

Rating Period: from APRIL 1, 1963 to MARCH 31, 1964

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory Employee's Initials _____

Rated by: J. J. Casper Assistant Director 4-1-64
Signature Title Date

Reviewed by: J. P. Mohr Assistant to the Director 4-1-64
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4-1-64
Signature Title Date

TYPE OF REPORT

- Official
- Annual

XEROX
DEC 13 1978

67-276376-353
Searched _____ Numbered _____
APR 16 1964 50
 Administrative
 60-Day
 90-Day
 Transfer
 Separation from Service
 Special

76

APR 17 1964

3-11-64

**W. MARK FELT
NUMBER ONE MAN - INSPECTOR
TRAINING DIVISION**

As Number One Man of the Training Division, Mr. Felt has continued to discharge his responsibilities in a superior manner and is definitely deserving of an Outstanding rating for the period April 1, 1963, to March 31, 1964.

Mr. Felt presents a most impressive appearance and possesses a dynamic personality which qualities are of vital importance in his contacts with law enforcement officials throughout the country. As a result of his extensive knowledge of training matters, Mr. Felt has continued to initiate new ideas to increase the effectiveness of our over-all training programs and his efforts have certainly enhanced the prestige of the Bureau. An accomplished speaker, he has capably represented the FBI on numerous occasions and has remained ever alert to protect its best interests.

During his more than twenty-two years of devoted service, Mr. Felt has gained a wealth of invaluable experience along both investigative and administrative lines, which enables him to quickly analyze problems and reach proper conclusions. He is gifted with profound judgment and good common sense and is able to perform at peak efficiency for extended periods, even under the most severe strain. Intensely enthusiastic and loyal, Mr. Felt has given freely of his own time in order that the obligations of the Bureau might be met more efficiently and the splendid record of accomplishments obtained can be attributed in part to his material contributions.

Mr. Felt is a dedicated executive who has served the Bureau in a most creditable fashion during the past year and has most assuredly earned this Outstanding rating.

**XEROX
DEC 13 1978**

Mr. Tolson	✓
Mr. Belmont	
Mr. Mohr	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	
Mr. DeLoach	
Mr. Evans	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 15, 1964

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

V.
Belt

Dear Mr. Hoover:

This is to thank you for your kind letter of April 14, advising that my services during the past year had been rated as outstanding. Words simply can't express my appreciation and gratification.

I am also appreciative of the incentive award which accompanied your letter. Believe me,
 this will certainly come in handy.

b6
b7c

I want you to know that I will continue to express my appreciation by endeavoring to perform my responsibilities in a manner which will be consistent with the high standards of this fine organization.

Sincerely,

W. Mark Felt
W. Mark Felt

ESP file...

REC-117

61-276576-354	
Searched	Indexed
8 APR 23 1964	

EXP. PROC.

~~APR 16 1964~~ 33

8 APR 30 1964 37

3/10/64

August 24, 1964

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I want you to know of my appreciation for the splendid quality of your services in regard to the 1964 Retraining Session of the Texas Chapter of the National Academy Associates held in Laredo, Texas, August 12-15, 1964.

You were certainly very effective in presenting your particular part in this program whereby you displayed much ability, skill and competence. The contributions you made were of the finest caliber and were of immeasurable value in the successful outcome of this session. Your devotion to and interest in the Bureau are evident in the noteworthy manner in which you performed and I want to commend you.

Sincerely,

J. Edgar Hoover

1 - Mr. Casper (Personal Attention)

1 - Mr. M. A. Jones (Sent Direct)

1 - [redacted] (Sent Direct)

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

Based on San Antonio letter 8-18-64 and addendum of Assistant Director J. J. Casper 8-21-64.

NOTE: Salutation per file.

MAIL ROOM TELETYPE UNIT

MAILED 4
AUG 24 1964
COMM-FBI

REC'D-READING ROOM
FBI
AUG 24 2 34 PM '64

b6
b7c

DEC 13 1978

67-276576

REC-143

67-276576-355

Searched _____ Numbered _____

AUG 23 1964

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

7-1-64

I certify that I have received the following Government property for official use:

~~XXXXXXXX~~

D. C. OFFICIAL PARKING PERMIT #3019 ✓
expires 6-30-65

RETURNED

D. C. OFFICIAL PARKING PERMIT
expires 6-30-64 (Pink)

✓ detached
JW

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours
FILE
31 *JW*

(Signature) *W. Mark Felt*

(Typed name) W. Mark Felt

67

67-1
7 SE 20 1964

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

6/18/64

I certify that I have received the following Government property for official use:

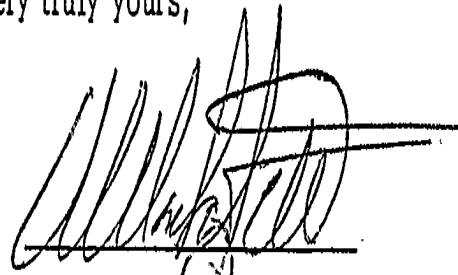
~~XXXXXX~~

COPY #2 OF TRAINING GUIDE #3, "BANKRUPTCY INVESTIGATIONS"

FILE

3/ dsh

Very truly yours,

(Signature) 

W. MARK FELT

(Typed name) _____

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

8 JUL 10 1964

20



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-5-64</u>	<u>TWO</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MRS ANORAY R. FELT</u>	<u>WIFE</u>
Address <u>1208 MARKET COURT FAIRFAX VIRGINIA</u>	

Name	Relationship
[Redacted]	[Redacted]
Address	
[Redacted]	

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b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>SAME</u>	

Address

Very truly yours,

William Felt
Special Agent

Payment Received
Special Agents Insurance Fund
MAY 6 1964

J. Edgar Hoover, Director

70

3-ecf

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

4/23/64

I certify that I have received the following Government property for official use:

~~returned~~

Copy #2 of Training Document #68, "Audio-Visual Aids in Police Training"

FILE

3-M

READ

PER dlk

Very truly yours,

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

35

(Signature) W. Mark Felt

(Typed name) W. Mark Felt

67-NOT RECORDED

3 MAY 1 1964

November 19, 1964

copy
Walsh
Davidson

Mr. J. Lee Rankin
Federal Bureau of Investigation
Washington, D. C.

Dear Sir:

It is noted pleased to advise
you that you are being designated
Inspector in Charge of the Inspection
Division, with no change in grade or
salary, effective upon the departure
of Mr. Cole.

Sincerely,

J. Edgar Hoover

REC-139

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111
111
[Redacted]
Loyens
[Redacted]

61-276576-356
NOV 17 1964

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b7c

Reed

sjh (6)

qu

✓

NOV 19 1964

COMM-FBI

AM

mmc

- Tolson _____
- Belmont _____
- Mohr _____
- DeLoach _____
- Casper _____
- Callahan _____
- Conrad _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

49

NOV 19 1964

MAIL ROOM TELETYPE UNIT

1/57

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. DeLoach	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	_____
Mr. Evans	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

b6
b7C

November 16, 1964

Mr. John Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

W. Mark Felt

Dear Mr. Hoover:

I want to again thank you for designating me as Inspector in Charge of the Inspection Division. This is a challenging assignment and you can be sure of my whole-hearted efforts to discharge my new responsibilities along the lines you indicated in our conversation.

More than anything else, I am pleased and gratified to be working under a man of your stature and high place in history.

May I also take this opportunity to congratulate you on having been selected to receive the "Sword of Loyola." This is another well deserved recognition for a truly outstanding public service.

Respectfully,

W. Mark Felt
 W. Mark Felt

REC-101

67-276576-357
 SEARCHED _____ INDEXED _____
 NOV 20 1964

49
 9 NOV 25 1964

W. Mark Felt

#2



REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Felt, W. Mark</i>			2. GRADE AND COMPONENT OR POSITION <i>Inspector</i>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <i>ANNUAL</i>		6. DATE OF EXAMINATION <i>10-20-64</i>	
7. SEX <i>M</i>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <i>8-17-13</i>		13. PLACE OF BIRTH <i>Twin Falls, Idaho</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>NNMC</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

*Copy OFEC
12-17-74
my*

REC-144
67-276576-358
NOV 1 1964

2 ENCLOSURE
3/with
(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth		X—Missing teeth						(GX8)—Fixed bridge, brackets to include abutments								<i>Type 3 Class 1 No defects noted</i>	
/—Nonrestorable teeth		XXX—Replaced by dentures															
R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	X															X	

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.015</i>				46. CHEST X-RAY (Place, date, film number and result)			
B. ALBUMIN				D. MICROSCOPIC			
C. SUGAR				48. EKG			
47. SEROLOGY (Specify test used and result)				49. BLOOD TYPE AND RH FACTOR			
<i>7 DECS 1000 Neg. WNL</i>				<i>30-873-64 Normal</i>			
50. OTHER TESTS							

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>72 1/2</i>		52. WEIGHT <i>173</i>		53. COLOR HAIR <i>Lt. Brown</i>		54. COLOR EYES <i>Blue</i>		55. BUILD: (Check one) SLENDER MEDIUM HEAVY OBESE		56. TEMPERATURE			
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)							
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER			
SYS. <i>120</i> DIAS. <i>70</i>		SYS. DIAS.		SYS. DIAS.		<i>84</i>							
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION					
RIGHT 20/ <i>50</i>		CORR. TO 20/ <i>20</i>		BY <i>lens</i>		S. OX		CORR. TO <i>20/12</i>		BY <i>lens</i>			
LEFT 20/ <i>20</i>		CORR. TO 20/ <i>20</i>		BY		S. OX		CORR. TO <i>20/10</i>		BY <i>lens</i>			
62. HETEROPHORIA (Specify distance)													
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT			
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED			
RIGHT		LEFT		<i>missed # 14, 15, 16</i> <i>1940 AOC 18/15</i>						CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV		<i>15 /15 SV</i>		<i>15 /15</i>		250	500	1000	2000	3000	4000	6000	8000
LEFT WV		<i>15 /15 SV</i>		<i>15 /15</i>		250	500	1000	2000	3000	4000	6000	8000

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

OK w/v

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
						A	B	C	E		
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											

79. TYPED OR PRINTED NAME OF PHYSICIAN					SIGNATURE <i>[Signature]</i>
80. TYPED OR PRINTED NAME OF PHYSICIAN					SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)					SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY					SIGNATURE

REPORT OF MEDICAL HISTORY

FBI 89-10
98

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME: **FELT W. MARK**
 2. GRADE AND COMPONENT OR POSITION: **GS 16**
 3. IDENTIFICATION NO.: **[REDACTED]**
 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State): **1208 MUSKET CT, FAIRFAX VA**
 5. PURPOSE OF EXAMINATION: **ANNUAL PHYSICAL**
 6. DATE OF EXAMINATION: **10-23**
 7. SEX: **M** 8. RACE: **W**
 9. TOTAL YEARS GOVERNMENT SERVICE: MILITARY: **29 YRS** CIVILIAN: **[REDACTED]**
 10. AGENCY: **FBI** 11. ORGANIZATION UNIT: **DIVISION 2**
 12. DATE OF BIRTH: **8/17/13** 13. PLACE OF BIRTH: **TWIN FALLS, IDAHO**
 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: **ROSE D. FELT (MOTHER) TWIN FALLS, IDAHO**
 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: **[REDACTED]**
 16. OTHER INFORMATION: **[REDACTED]**

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

EXCELLENT

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER		DECEASED	MESOTERIC THROMBOSIS	88
MOTHER	85	EXCELLENT		
SPOUSE	50	EXCELLENT		
BROTHERS AND SISTERS				
CHILDREN				

19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:

YES	NO	(Check each item)	RELATION(S)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD SYPHILIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD DIABETES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD CANCER	MOTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD KIDNEY TROUBLE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD HEART TROUBLE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD STOMACH TROUBLE	FATHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD EPILEPSY (Fits)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMMITTED-SUICIDE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN INSANE	

b6
b7C

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WHOOPING COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VENEREAL DISEASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BED WETTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADVERSE REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED-UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:

<input type="checkbox"/>	BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? **ONE**

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS **274**

25. WHAT IS YOUR USUAL OCCUPATION? **SPECIAL AGENT FBI**

26. ARE YOU (Check one) RIGHT HANDED LEFT HANDED

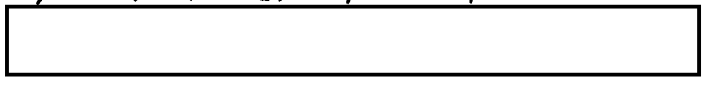
ENCLOSURE

67-276576-558

[Signature]

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

#33 HETTERADOPHY AGE 36
 SIHUS AGE 16
 ABDOMINAL BURST AGE 40



b6
b7C

#34 TYPHOID FEVER AGE 5

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE W. MARK FERT	SIGNATURE <i>[Signature]</i>
--	---------------------------------

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

MCD

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER Dooster	DATE 10/26/64	SIGNATURE <i>[Signature]</i>	NUMBER OF ATTACHED SHEETS 1
--	-------------------------	---------------------------------	---------------------------------------

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee Felt, W. Mark
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

- | | | |
|----|----|----|
| 2 | 14 | 68 |
| 3 | 17 | 69 |
| 4 | 62 | 72 |
| 9 | 65 | 76 |
| 11 | 67 | |

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No

If recommendation is based on a factor other than above standard, indicate basis _____

67-276576-358

ENCLOSURE

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

RECEIVED - ADMIN DIV
 FBI
 NOV 19 4 24 PM '64

4. Examinee's frame is small medium large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight satisfactory Excessive Deficient
6. Under proper medical supervision, examinee should lose _____ pounds
 gain _____ pounds

Remarks: _____

W. Dancer
 (Signature of Medical Examiner)

20 Oct 64
 (Date)

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Evans _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

TO : Mr. Callahan

DATE: 11-12-64

FROM : C. R. Davidson *CRD/BA*

SUBJECT: W. MARK FELT
 Number One Man - Inspector
 Training Division
 EOD 1-26-42; GS-16, \$20,900

The following is a brief summary of Mr. Felt's record for the Director's use.

He entered on duty 1-26-42 and has served on general assignment in several field offices, as a supervisor in the Security Division and in the Training and Inspection Division, as ASAC in New Orleans and Los Angeles, and as SAC in Salt Lake City and Kansas City. He has been assigned to the Training Division since 10-22-62 as #1 Man and on 1-23-63 he was designated Inspector. He is in Grade GS-16 at \$20,900 per annum. He is 51 years of age, married and has 2 children.

He was rated OUTSTANDING on 3-31-64 and in recognition of his superior performance during this period, he received an INCENTIVE AWARD in the amount of \$400.00 by letter dated 4-14-64. He expressed appreciation to the Director for this award by letter dated 4-15-64. He was last COMMENDED by letter dated 8-24-64 for the splendid quality of his services in regard to the 1964 Retraining Session of the Texas Chapter of the National Academy Associates held in Laredo, Texas, August 12-15, 1964.

Mr. Felt was CENSURED AND PLACED ON PROBATION on 12-14-59 as a result of an inspection of the Kansas City Office in October, 1959 which disclosed several errors in cases under his supervision. He was serving as SAC at that time. He was REMOVED FROM PROBATION by letter dated 10-21-60. No administrative action has been taken against him since his assignment to the Training Division, 10-22-62.

He lists no offices of preference and his overtime performance is considered satisfactory.

REC-139
 67-256576-359
 1 DEC 18 1964

The Director last saw him on 10-26-62 and commented he made an excellent personal appearance, seemed to be very enthusiastic about his new assignment and rated him above average. The Director stressed the importance of the Training Division's work and cautioned him about making statements before the classes of the Training Division which could be misinterpreted.

On 1-23-64 the Director congratulated him on his Twenty-Second Anniversary with the Bureau.

Enclosure - Permanent Brief
 FDH:prf (2)

*Memo Mr. Tolson
 12/16/64*

[Redacted box]

b6
 b7C

[Handwritten mark]

The Director's personal note was sent to him on 2-14-64 on the passing of his father.

mail
JM

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE FELT, V. MARK (MR.)		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 8-17-13	4. SOCIAL SECURITY NO. 511-46-0048
5. VETERAN PREFERENCE 1 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP.		6. TENURE GROUP		7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED		10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION REASSIGNMENT		13. EFFECTIVE DATE (Mo., Day, Year) 12-31-64		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW	
15. FROM: POSITION TITLE AND NUMBER Inspector 150		16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL GS 16	18. SALARY \$21,555 pa	
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER Inspector in Charge of Inspection Division 150		21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL GS 16	23. SALARY \$21,555 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE Inspection Division Washington, D. C.				

25. DUTY STATION (City—county—State)			26. LOCATION CODE		
27. APPROPRIATION S. & E. FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2		

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.

67-NOV RECORDED
14 DEC 17 1964

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	34. SIGNATURE (Or other authentication) AND TITLE J. E. Hoover Director
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)	
33. CODE EMPLOYING DEPARTMENT OR AGENCY DF 59 FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D.C.	35. DATE 12-15-64

4. PERSONNEL FOLDER COPY

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE TULLY, PAUL	SOCIAL SECURITY NUMBER 511-46-9448
--	---

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE	12/1/64	12/1/62
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-10	STEP OR RATE STEP 5	OLD SALARY \$20,150.00	NEW SALARY \$21,450.00

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		Yes	J. Hoover

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
14 DEC 16 1964

J. Edgar Hoover

11/23/64
(DATE)

JOHN EDGAR HOOVER
DIRECTOR

PERSONNEL FILE COPY

DATAFOLD FORMS INC., CHICAGO, ILL.

December 16, 1964

MEMORANDUM FOR MR. TOLSON

On November 13, 1964, I saw Inspector W. Mark Felt, who has been promoted to be in charge of the Inspection Division. He was previously Number One Man in the Training Division. Mr. Felt makes a very excellent appearance and has had a good background of experience in the Bureau working in various field offices and has served as ASAC at New Orleans, Louisiana, and Los Angeles and as SAC at Salt Lake City and Kansas City, and when he was transferred to Washington, D. C., he was assigned as Number One Man in the Training Division.

I discussed with him the great importance of our inspection work and the need for penetrative and thorough inspections of our field offices. I stated I was not naming him as yet an Assistant Director, but if his work in charge of the Inspection Division warranted it and he made good in that Division, I would then promote him to an Assistant Directorship.

Very truly yours,

J. E. H.

John Edgar Hoover
Director

SENT FROM D	DPG
TIME	2:52 PM
DATE	12/17/64
BY	J. E. H.

- Tolson _____
- Belmont _____
- Mohr _____
- DeLoach _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

JEH:EDM (5)

edm

REC-139 67- 276576-360

Searched	Numbered
1 DEC 18 1964	

SEARCHED *INDEXED*

76
9 DEC 23 1964

MAIL ROOM TELETYPE UNIT

UNITED STATES GOVERNMENT

Memorandum

- Tolson _____
- Belmont _____
- Mohr _____
- DeLoach _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

TO : MR. CALLAHAN

DATE: 12/15/64

FROM : W. MARK FELT *W. Mark Felt*

SUBJECT:

107 Movement
 [Redacted Box]
W. Mark Felt

b6
b7C

This is to advise that I reported to the Inspection Division on Monday, December 14, 1964, on transfer from the Training Division. Today, December 15, 1964, I assumed my duties as Inspector in Charge of the Inspection Division.

WMF:wmj
(4)

1 - Movement Unit

*Previously handled
12/16/64
JFK*

*12/16/64
JFK*

REC-139

67-276576-366	
Searched	Numbered
1 DEC 21 1964	

76
9 DEC 23 1964

REC 139

3-1
[Signature]

January 26, 1965

PERSONAL

Dear Felt:

I wanted to take this means of extending my congratulations and best wishes to you on your Twenty-third Anniversary in the Bureau. May this be an enjoyable occasion for you, and I hope the Bureau will have the benefit of your services for many years.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Anniversary 1/26 - Tuesday
JEH:edm (3)

REC-139

67- 276576 - 362
Searched _____ Numbered _____
1 JAN 26 1965

- Tolson _____
- Belmont _____
- Mohr _____
- Casper _____
- Callahan _____
- Conrad _____
- DeLoach _____
- Evans _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

JAN 28 1965

SENT FROM D. O.
TIME 9:07 AM
DATE 1-26-65
BY [Signature]

MAIL ROOM TELETYPE UNIT

Name: W. Mark Felt

Title: Inspector (#1 Man)

EOD: 1/26/42

Grade: GS-16 at \$20,900

Veteran: No

Not on Probation

ASSISTANT DIRECTOR J. J. CASPER:
(JJC:hcv 12/2/64)

JJC
This personnel write-up is submitted on Inspector Felt who has served since the

last inspection as the Number One Man of the Training Division. Mr. Felt makes a superior impression. He has an excellent personality and has always displayed an outstanding attitude toward his work. He has contributed to the achievements of the Training Division. During prolonged periods of my absence in connection with the direction of official investigations outside of the Seat of Government, he has been in charge of the division and has done an exemplary job. Mr. Felt has been commended by the Director and by police officers for his outstanding ability as a lecturer and speaker. He has demonstrated a keen analytical ability. He has closely followed on all of his assignments to see that they are handled promptly and properly. He received an outstanding performance rating in his annual performance rating and was given an incentive award in the amount of \$400. He shares in all the commendations of the Training Division for his valuable service rendered since the last inspection.

Rating: Excellent

INSPECTOR L. M. WALTERS:
(LMW:wmj 1/11/65)

For comments of Inspector see memorandum W. M. Felt to Mr. Tolson dated December 18, 1964,

captioned, "Inspection - Training Division; Inspector L. M. Walters, 11/30 - 12/11/64."

TRAINING DIVISION INSPECTION

12/2/64

JJC:hcv

57
37-NEW YORK POLICE
7 JAN 13 1965

31

1072
3-2-65
JJC

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 12-22-64

I certify that I have received returned the following Government property for official use:

- Manual of Instructions #9365 ✓
- Manual of Rules & Regulations #137 ✓

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

Very truly yours,

(Signature)

W. Mark Felt

(Typed name)

W. Mark Felt

7-11-64

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

12-21-64

I certify that I have received the following Government property for official use:

~~XXXXXXXX~~

U.S. D. J. GARAGE PARKING PERMIT, SPACE 8

RETURNED

ALTERNATE U.S. D. J. GARAGE PARKING PERMIT, SPACE 11

FILE

31 ORS


READ

Very truly yours,

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Written Signature)



(Typed Signature)

W. Mark Felt

7 1964 00 0004
7 1964 00 0004

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

December 15, 1964

I certify that I have received the following Government property for official use:

~~XXXXXX~~

- Manual of Instructions 5827 ✓
- Position Classification Manual 31 ✓
- Rules and Regulations 975 ✓
- Defense Plans Manual 118 ✓
- Manual for Bureau Supervisors 423 ✓
- Foreign Operations Policy Manual 17 ✓

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

5 DEC 23 1964

Very truly yours,

FILE
31
[Handwritten initials]

(Signature)

[Handwritten signature]

(Typed name)

W. Mark Felt

[Handwritten mark]

MR. TOLSON

December 18, 1964

W. MARK FELT

INSPECTION - TRAINING DIVISION
INSPECTOR L. M. WALTERS
11/30 - 12/11/64

SYNOPSIS

Officials: Assistant Director Joseph J. Casper in charge of Division since 9/26/62; Inspector W. Mark Felt Number One Man since 10/22/62.

Physical Condition and Maintenance - Very Good (Last Inspection - Very Good).

Division occupies space in Justice Building, Old Post Office, Quantico and Midland and Sowege Radio Stations. Space and furnishings adequate, secure, efficiently arranged and well maintained. Minor housekeeping delinquencies ordered corrected. Quantico ranges and radio stations exceptionally well maintained. Construction phase nearing completion of new fallout-protected underground communications facility at Quantico Academy; expected to be fully operable by deadline date 7/1/65. Saving of time and related costs achieved by construction of test range in Academy basement. Noteworthy improvements in appearance of classrooms and offices Old Post Office since last inspection. Improvement of inadequate lighting conditions in 2 classrooms suggested and disposition ordered of unneeded and unused furniture and fixtures stored at Quantico. 8 of 14 Quantico vehicles inspected - in very good condition; no safety defects. Fleet adequate but not excessive.

Specific Division Operations - Very Good (Last Inspection - Very Good). Division responsible for Bureau-wide training programs. New Agents training curricula undergoing continuous revision for updating and improvement; since last inspection, substantial increase in use of visual aids and greater emphasis on practical preparation Bureau communications. 312 new Agents trained fiscal 1964; through 11/30/64, 226 had been trained or were in training. Value of In-Service training enhanced by greater variety of types of schools - 11 different types in fiscal 1963; 18 in fiscal 1964; 11 through first 5 months fiscal 1965. From analysis of In-Service curricula, scheduling and of optimum utilization of all facilities at Quantico, Inspector recommended changes whereby for approximately one third of In-Service classes held annually, one additional day scheduled at Quantico appears feasible at annual per diem savings of approximately \$6,700; Assistant Director plans to expend every effort to accomplish with forthcoming classes. Revisions of National Academy (NA) curricula incorporated topics of timely interest. More comprehensive investigative procedures (both in U. S. and abroad) for foreign NA applicants instituted since last inspection. Police training schools intensified

Enclosure

1 - Mr. Callahan (Attention Mr. C. R. Davidson) (Sent Separately)
1 - Personnel Files Joseph J. Casper and W. Mark Felt, Henry L. Sloan, Harold K. Light

LMW:bhg (8) **NOT RECORDED** 139
1 DEC 29 1964

Memorandum to Mr. Tolson,
Re: Inspection - Training Division

since last inspection with steadily mounting increase in schools held and total attendance. Division alert to participation in training programs of merit in colleges and universities, and closely following state legislation for training programs to protect Bureau interests. Stenographic training and management of Suggestion Program effective. Number of adopted suggestions (340) and tangible savings (\$43,900) increased over prior year (317 and \$41,000, respectively). 3 training documents published since last inspection and 4 more in various stages of preparation. Physical training program, Legal Research Desk, Forms Management Desk and Manuals Desk being operated in highly satisfactory manner.

Administrative Operations - Very Good (Last Inspection - Very Good). Supervisory and administrative assignments within Division, including those at Quantico, equitably shared and efficiently organized. Adequate administrative checks made to assure efficient operations. Continued economy stressed. Chief Clerk's Office, Quantico functioning efficiently. Division's stenographic production (3.11 pages per hour) and typist production (2.97) both above applicable over-all SOG averages (2.72 and 1.79, respectively). Retyped pages low at 3.72% (SOG average 8.34%). Minor errors in registers at Quantico ordered reduced; none affecting fringe benefits. Assistant Director concurred with Inspector's streamlining suggestions affecting (1) accumulation of certain time and attendance data at SOG; (2) tickler procedures on Suggestion Desk; (3) firearms records at Quantico; and (4) accounting procedures applicable to funds at Quantico. Of 13 errors in communications since last inspection, 9 detected within Division; Assistant Director instructed to reduce such errors to minimum.

Personnel Matters - Very Good (Last Inspection - Very Good). 33 Agents, 53 clerical employees and 13 maintenance (Wage Board) employees presently assigned to Division are adequate but not excessive. Assistant Director instructed to evaluate need for 2 Agent instructors temporarily assigned as soon as number of new Agent classes predictable (by mid-January, 1965) and fully justify if continued assignment sought beyond 2/1/65. Analysis of work in SOG stenographic pool indicated an existing stenographic vacancy need not be filled and another such vacancy to occur 12/18/64 can more practically be filled by clerk-typist; Assistant Director concurred. Voluntary overtime productive, essential and equitably shared. No Agents overweight, on probation, unavailable or on limited duty. One maintenance employee on probation - continuation justified (handled separately). Odd-hour shifts justified. Spot audit of positions disclosed one not current; Assistant Director instructed to update. Strong participation by Division employees in Suggestion Program with 21 submitted and 11 adopted since last inspection; contributions to Investigator excellent. Steady increase since last inspection in employee commendatory matters, with 50 letters of commendation, 16 quality salary increases and 6 incentive awards. Excellent indoctrination program for new employees and counsellors. Morale appears very high.

Memorandum to Mr. Tolson
Re: Inspection - Training Division

Contacts - Excellent (Last Inspection - Excellent). Extensive liaison contact program being maintained by Division; 4 developed since last inspection. Expanding public speaking program with 18 given 1963 (6 by Assistant Director) and 30 for first 11 months of 1964 (9 by Assistant Director). Liaison with International Association of Chiefs of Police (IACP) and Canadian Association of Chiefs of Police (CACP) handled by Assistant Director who is member of IACP Executive Committee and was elected to honorary membership in CACP during past year. Liaison with leading professional accounting groups excellent. Relations with Marine Corps officials at Quantico outstanding; all such officials contacted by Inspection Staff expressed high regard for Director, Bureau and Academy personnel.

RECOMMENDATIONS

1. Assistant Director Joseph J. Casper, EOD 1/6/41, GS-18, at \$24,500, nonveteran, Assistant Director since 9/26/62, 46 years of age. Mr. Casper makes an outstanding personal appearance, is an extremely impressive speaker and has a warm personality which enables him to readily make friends in the field of law enforcement. Mr. Casper is enthusiastic, intensely interested in his job and the improvements found in many areas of the work of the Training Division since the last inspection are believed directly attributable to his leadership and guidance. It is recommended that Mr. Casper be continued as Assistant Director and that the attached letter advising of the results of the inspection be sent.

2. W. Mark Felt, Number One Man, EOD 1/26/42, GS-16 at \$20,900, non-veteran, Number One Man since 10/22/62, 51 years of age. Assistant Director Casper advised Inspector Walters that Mr. Felt makes an outstanding personal appearance; is a dedicated, conscientious, career employee; has performed in an extremely competent fashion in the Training Division; and has worked closely with him in all aspects of policy determination and supervisory responsibility of the Division's work. Since the close of the current inspection, Mr. Felt has been designated Inspector in Charge of the Inspection Division.

Memorandum to Mr. Tolson
Re: Inspection - Training Division

3. SAC Henry L. Sloan, Quantico, Virginia, EOD 4/15/35, GS-16 @ \$22,210, nonveteran, SAC since 3/28/54, 57 years of age. Mr. Sloan makes an excellent personal appearance, is in good health and has no plans to retire. He is extremely conscientious and is operating the Academy and other facilities at Quantico in a highly satisfactory manner. He is an excellent public relations man who has established outstanding relations with Marine Corps officials at Quantico. It is recommended that he be continued as SAC at Quantico.

4. ASAC Harold K. Light, Quantico, Virginia, EOD 7/12/48, GS-15 @ \$17,600, veteran, ASAC since 7/30/57, 43 years of age. Mr. Light makes an excellent personal appearance and is an enthusiastic and conscientious career employee. He works closely with SAC Sloan and shares equitably in the administrative and supervisory responsibilities at Quantico. It is recommended that he be continued as ASAC at Quantico.

5. Recommendations concerning other personnel being handled separately.

Memorandum to Mr. Tolson
Re: Inspection - Training Division

DETAILS

PHYSICAL CONDITION AND MAINTENANCE VERY GOOD

Division occupies space in Justice Building, Old Post Office and Quantico (Academy, Range and Midland and Soweego Radio Stations). During peak loads of training, additional classrooms used in Identification Building and Old Post Office. Portion of Academy space at Quantico being utilized for storage of communications equipment for use in Buplans operation. This space will be recovered upon completion of construction project extending Academy area under ground level to provide housing and facilities protected from radiation fallout for high-speed communications and coding equipment in connection with Interagency Communications System Development Plan. Construction phase, under supervision of Public Works Office, U. S. Marine Corps (USMC), now nearing completion and installation of communications and technical equipment, under supervision of Defense Communications Agency, expected to be completed by deadline date of 7/1/65.

Space and furnishings of Division adequate, secure, efficiently arranged and well maintained. Since last inspection, noteworthy improvement in classrooms and offices at Old Post Office by painting and by replacement of old equipment and broken floor tiles. No room for expansion except at Quantico where 35 acres adjacent to FBI Range designated (without formal commitment) on USMC Master Development Plan for future expansion of FBI, if needed. Minor housekeeping delinquencies ordered corrected. Improvement of inadequate lighting conditions in two classrooms suggested and disposition ordered of unneeded and unused furniture and fixtures stored at Quantico. Ranges excellently maintained and improved since last inspection with construction of new skeet houses. Test range constructed at Academy in past year has resulted in saving of time and related costs attending test firing of weapons. Radio stations excellently maintained.

Of 14 items of automotive equipment (automobiles, buses and trucks) assigned Quantico, 8 (all 4 years or more old) inspected and found to be generally in very good condition; no safety defects. Number of vehicles assigned Quantico adequate, not excessive. Firearms, photographic, technical and radio equipment properly accounted for in spot check of inventory. All requests for equipment pending by Division justified.

SPECIFIC DIVISION OPERATIONS VERY GOOD

Training Division responsible for supervision of over-all training program throughout the service. New Agents training curricula undergoing continuous revision for updating and improvement; since last inspection, substantial increase effected of

Memorandum to Mr. Tolson
Re: Inspection - Training Division

use of visual aids and greater emphasis placed on practical preparation of reports and other common Bureau communications. 312 new Agents trained during fiscal year 1964; through 11/30/64, 226 more had been trained or were in training. 20 new Agents selected at random from classes nearing completion interviewed by Inspection Staff and found to be well indoctrinated and to have a sound basic knowledge of Bureau's work. Similar results have been found during current year in Inspectors' interviews of new Agents in the field.

Value of In-Service training since last inspection enhanced by specialized schools covering greater variety of subject matters; 18 different types of In-Service schools held in fiscal 1964 compared to 11 in fiscal 1963; 11 through first 5 months of fiscal 1965. Greater utilization of seminars and practical problems achieved in In-Service curricula and new firearms courses developed. Training Committee functioning effectively and approves or disapproves all In-Service curricula, as well as substantive changes in new Agents and National Academy curricula. During inspection audits made of classroom instruction of 5 new Agents and 2 In-Service classes indicated programs are well prepared, interesting and informative; instructors highly capable.

From analysis of In-Service curricula scheduling and of optimum utilization of sleeping, classroom, dining and range facilities at Quantico, Inspector recommended changes whereby for approximately one third of In-Service classes held annually, an additional day scheduled at Quantico appears feasible at annual per diem savings of approximately \$6,700. Assistant Director plans to expend every effort to accomplish this with forthcoming In-Service classes.

Stenographic training provided 353 Bureau employees since last inspection (154 attended Procedures Class, 53 Basic Shorthand Class and 146 Advanced Shorthand Class). 57 Indoctrination Classes for new clerks held in fiscal 1964 with 1,853 new employees trained. Variety of stenographic training documents and textbooks completed during past year for use both at Seat of Government (SOG) and in the field.

Police training schools (4,163) and total attendance (117,275) increased in fiscal 1964 over the prior year (3,801 and 105,209, respectively). Through 11/30/64, 1,694 schools held with attendance of 46,345. 228 law Enforcement Conferences held in 1964 (258 in 1963) with substantial decline (42%) in agencies attending because of participation by banks in 1963 conferences. Increased and effective participation by Bureau in police training programs conducted by colleges and universities in selective situations meriting such participation. Training Division closely following all state legislation for mandated police training programs in order Bureau interests be protected. Revisions of National Academy (NA) curricula in 1964 incorporated topics of timely interest. 186 officers attended the 1964 sessions, including 12 foreign officers. More comprehensive investigative procedures (both in U. S. and abroad) for foreign NA applicants instituted since last inspection.

Memorandum to Mr. Tolson
Re: Inspection - Training Division

Three training documents published since last inspection - additional one now in printing and three more in preparation; 68 published since inception of program and each updated as need arises. One new training film acquired since last inspection and four more now in production.

Management of Bureau-wide Suggestion Program excellent with suggestions being processed and acknowledged promptly. Although slight decline in suggestions submitted in fiscal 1964 (1,089) from prior year (1,141) increase achieved both in number adopted (from 317 to 340) and in tangible savings (from \$41,000 to \$43,900).

Physical training program, Legal Research Desk, Forms Management Desk and Manuals Desk being operated in highly satisfactory manner:

ADMINISTRATIVE OPERATIONS VERY GOOD

Division composed of front office to which Assistant Director and Number One Man assigned and Quantico where SAC and ASAC assigned. Radio stations at Soweago and Midland also under administrative control of Division and are the specific administrative responsibility of SAC, Quantico. Supervisory and administrative assignments within Division equitably shared and efficiently organized:

Assistant Director and Number One Man close to operations of Division and working as a team. Adequate administrative checks being made to assure efficient Division operations. Use of clerical employees to handle field forms, suggestions and manual revisions fully justified and clerical work evenly distributed. Continued economy stressed.

Chief Clerk's Office, Quantico functioning efficiently and closely supervised by SAC. Supervisory duties equitably divided between SAC and ASAC at Quantico; ASAC participating substantially in instruction to new Agents and in specialized schools: Stenographic and typist production at Quantico high at 3.61 pages per hour. Division's stenographic production (3.11 pages per hour) and typist production (2.97) both above over-all applicable SOG averages (2.72 and 1.79, respectively). Retyped pages low at 3.72% (SOG average 8.34%). Time and attendance records and registers generally being kept in accordance with Bureau regulations. Minor errors detected in registers at Quantico (none affecting fringe benefits); ordered reduced. Streamlining procedure suggested for accumulation of certain time and attendance data at SOG.

Buplans and related supplies and equipment maintained at Quantico current. All personnel cognizant of emergency duties. Inspector's suggestions to curtail unnecessary retention of certain firearms records at Quantico and to streamline tickler

Memorandum to Mr. Tolson
Re: Inspection - Training Division

procedures on Suggestion Desk concurred with by Assistant Director. Funds maintained at Quantico accounted for by audit and Inspector's suggestions for more efficient accounting controls adopted. Since last inspection, Division has prepared or assisted in preparation of 17 Law Enforcement Bulletin articles. Of 13 errors in communications since last inspection, 9 detected within Division and 4 outside Division; Assistant Director instructed to reduce such errors to minimum.

PERSONNEL MATTERS VERY GOOD

33 Agents assigned to Division (22 at SOG; 11 at Quantico). Two Agent instructors for new Agent classes temporarily assigned Division until 2/1/65 for fall and winter peak training load. Assistant Director plans to evaluate further need mid-January, 1965, when number of new Agent classes predictable for forthcoming months - instructed to fully justify any proposed continuation of these temporary assignments beyond 2/1/65.

53 clerical employees assigned to Division - 26 at SOG, 5 at Quantico and 22 at the Midland and Soweego Radio Stations. 13 maintenance employees (Wage Board), of which 11 at Quantico. Analysis of work in SOG stenographic pool disclosed that an existing stenographic vacancy need not be filled and that another stenographic vacancy to be created 12/18/64 can more practically be filled by clerk-typist; Assistant Director concurred. Present complement of Agent and clerical personnel believed adequate, but not excessive.

Voluntary overtime has ranged between 2' 13" and 2' 36" each month in 1964; productive, essential and equitably shared. No Agents assigned to Division overweight, on probation, unavailable, or on limited duty. One maintenance employee on probation - continuation of such status justified (handled separately).

Weekly Division conferences of all Agent and clerical supervisory personnel have comprehensive agenda and are excellently directed and informative. All Agents assigned to Division and representative number of Agents attending new Agent classes contacted within one hour on availability check. Odd-hour shifts justified. Spot audit of positions disclosed one not current and Assistant Director instructed to make comprehensive review and update. 100% membership in FBIRA. Flower Fund maintained in accordance with Bureau regulations. Division recreation activities excellent, as are submissions to Investigator (26 since last inspection).

Steady increase since last inspection in employee commendatory matters, with 50 letters of commendation, 16 quality salary increases and 6 incentive awards. Strong participation by Division employees in Suggestion Program with 21 submitted and 11 adopted since last inspection. Excellent indoctrination program for new employees and counsellors. Morale appears very high.

Memorandum to Mr. Tolson
Re: Inspection - Training Division

CONTACTS EXCELLENT

Extensive liaison contacts being maintained by Division; 4 developed since last inspection. Expanding public speaking program with 18 given in 1963 (6 by Assistant Director) and 30 for first 11 months of 1964 (9 by Assistant Director). In addition, 14 lectures and other appearances before outside groups by Assistant Director in 1963 and 14 for first 11 months of 1964. Liaison with International Association of Chiefs of Police (IACP) and Canadian Association of Chiefs of Police (CACP) handled by Assistant Director who is member of IACP Executive Committee and was elected to honorary membership in CACP during last year. Training Division liaison with leading professional accounting groups excellent and has resulted in preparation of articles concerning FBI in widely-distributed professional journals each year since 1960. Relations with USMC officials at Quantico are outstanding; all such officials contacted by Inspection Staff expressed high regard for Director, Bureau and Academy personnel.

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

TO : DIRECTOR

 FROM : CLYDE TOLSON

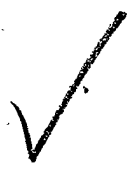
 SUBJECT: W. MARK FELT
 INSPECTOR IN CHARGE
 INSPECTION DIVISION
 EOD 1/26/42
 GS 16 - \$21,555

DATE: 3/19/65

I would like to recommend that Inspector Felt be designated as Assistant Director and promoted to Grade GS17. Mr. Felt's Number One Man, Inspector Edwards, is presently in Grade GS17.

Mr. Felt has been Inspector in Charge of the Inspection Division since 12/14/64 and I have personally followed on his progress. He has demonstrated the ability to capably run the division and I believe he is handling all of his assigned responsibilities in an excellent manner.

PERMANENT BRIEF OF FILE ATTACHED



REF:DSS

Spec. salutation per Reading Room

GR. H

Letter off prep 3-19-65

Movement + CRD advised sls

REC-133

67-276576-363
Searched _____
INDEXED _____
MAR 25 1965

MAR 25 1965

3/19/65

Field Firearms Training Record
FD-40 (Rev. 12-11-59)

W. MARK FELT

Special Agent

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT
	Day-Month-Year								Rifle	MG	
KC	7-12-60	262									
KC	13-1-61	265									
	7-2-61	277									
	4-5-61		92	93				100			/
	29-6-61		100		92		/				/
	9-61			95.2 96.4							/
	15-11-61		94		96		16				/
	11-61	264									
	12-61	269									
	1-62	263									
	2-62	273									
	24-5-62		100	96			18				/
	21-6-62		96		94			/			/
	27-9-62		100	95				100			/
	18-10-62		100				17				/
SOG	11-26-62	275									
SOG	1-14-63	^{mu} 260									
SOG	1-14-63	251									
SOG	3-4-63	235									
SOG	8-23-63		96	90			17				/ S
SOG	8-23-63	^{mu}	100	91				100			/ S
SOG	1-6-64	289									
SOG	5-1-64	244									
SOG	5-1-64		96		91		15				/
SOG	5-1-64		98	93		100					/
SOG	5-14-64	269									

*Completed
12/17/74
my*

July 1964

67-101 RECORDED
Felt
MAR 2 1965

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1964 to MARCH 31, 1965

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Clyde A. Tolson Associate Director 4-1-65
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4-1-65
Signature Title Date

TYPE OF REPORT

- Official
- Annual

XEROX
DEC 13 1978

- Administrative
- 60-Day
- 90-Day
- Transfer
- Separation from Service
- Special

REC-143

67-276576-364
Searched _____ Numbered 22
1 APR 15 1965

9 APR 16 1965

3-mlw

**W. MARK FELT
ASSISTANT DIRECTOR
INSPECTION DIVISION**

At the beginning of the rating period, Mr. Felt was assigned as Number One Man in the Training Division and on December 13, 1964, was designated Inspector-in-Charge of the Inspection Division. Because of his superior services he was promoted to the rank of Assistant Director on March 19, 1965, and his performance throughout the year definitely warrants the annual rating of Outstanding.

Mr. Felt is responsible for the conduct of penetrative inspections of the fifty-six field offices, ten Seat of Government divisions and all foreign installations and has centralized control over such matters. He has a most comprehensive knowledge of the Bureau's rules, regulations, policies, and procedures, and this, coupled with his keen perception of the functions of a field office, makes him ideally suited for his position. He is quick to detect and correct any deficiencies and to initiate changes in the best interest of the Bureau. His unerring judgment and superb reasoning power have enabled him to coordinate the activities assigned to him in a flawless manner. He is a strong administrator and sets a splendid example for his associates.

He presents a distinctive appearance, has a most affable personality, and his genuine enthusiasm makes him tremendously effective in his contacts. He has willingly assumed and most capably discharged his greatly increased responsibilities. The consistently dedicated endeavors of Mr. Felt throughout his career, and particularly during the past year, have played a vital role in the success achieved by the Bureau in handling our many obligations. His services during the period April 1, 1964, to March 31, 1965, have been of inestimable value and certainly justify this Outstanding rating.

XEROX
DEC 13 1978

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

4-2-65

I certify that I have received the following Government property for official use:

~~returned~~

New Commission Card with case # 29 ✓

Assistant Director

RETURNED:

Old Commission Card with case # 78 ✓

Inspector

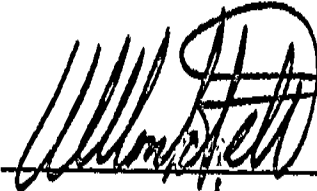
READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

Very truly yours, 3/ ali

(Written Signature)



(Typed Signature)

W. Mark Felt

67-NOT RECORDED

6 APR 5 1965

50

PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) **FELT W. MARK** DATE **3/22/65**

DIVISION AND SECTION ASSIGNED **INSPECTION DIVISION** POSITION TITLE **ASSISTANT DIRECTOR**

THIS IS TO CERTIFY THAT I PRESENTLY HOLD DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.

PERMIT ISSUED BY: (STATE, TERRITORY POSSESSION, DISTRICT) **VIRGINIA** PERMIT NUMBER **5H 119535** PERMIT EXPIRES **8-31-65**

THIS IS AN ~~UNRESTRICTED~~ **(RESTRICTED)** PERMIT. (IF RESTRICTED, EXPLAIN BELOW) (STRIKE OUT ONE)

THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY **25,000** MILES. DURING THIS TIME (A) I HAVE HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I HAVE HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.

IN 1963 INVOLVED IN REAR END COLLISION - NO DAMAGE TO MY CAR - APPROXIMATELY \$20 DAMAGE TO OTHER CAR. I ADMITTED RESPONSIBILITY + MY INSURANCE CO PAID OFF

* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.

William Felt
SIGNATURE OF OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL) **SMITH, CHARLES G.** POSITION TITLE **SA** DATE **3-30-65**

THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:

- CONTINUOUS SAFE DRIVING RECORD
- INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **

I CERTIFY THAT THIS EMPLOYEE IS:

- QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS.
- NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.

REMARKS:

48

**67-NOT RECORDED
8 APR 16 1965**

3/30/65

** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.

C. G. Smith
SIGNATURE OF REVIEWING OFFICIAL



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print) SA W. MARK FELT	Date 2/17/65	Office of Assignment (or SOG Division) INSPECTION DIVISION
---	------------------------	--

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female) Audrey R. Felt	Relationship Wife
---	-----------------------------

Address 1208 Musket Court, Fairfax, Virginia	
--	--

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

b6
b7c

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Payment Received
Special Agents Insurance Fund

MAR 8 1965

J. Edgar Hoover, Director

Very truly yours,

[Signature]
~~Special Agent~~
Inspector in Charge

3-ecd

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE FELT, W. MARK (MR.)		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 8-17-13	4. SOCIAL SECURITY NO. 511-46-0048
5. VETERAN PREFERENCE 1 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED			10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION PROMOTION			13. EFFECTIVE DATE (Mo., Day, Year) 3-19-65		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW
15. FROM: POSITION TITLE AND NUMBER Inspector in Charge of Inspection Division			16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL GS 16	18. SALARY \$21,555 pa
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER Assistant Director		21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL GS 17	23. SALARY \$22,945 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE Inspection Division Washington, D. C.				

25. DUTY STATION (City—county—State)			26. LOCATION CODE	
27. APPROPRIATION E. & L, III		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2	

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____
 B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____
 SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS


Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.

This promotion is temporary and will remain in effect only for the duration of present assignment.

67-NOT RECORDED
27 MAR 30 1965

MS-7010

J. E. Hoover
Director

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			
33. CODE DJ 62	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D.C.		

4. PERSONNEL FOLDER COPY

J. E. Hoover

REC-133

March 19, 1965

PERSONAL

Mr. W. Eric Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I am indeed pleased to advise you of your promotion to the position of Assistant Director, \$22,945 per annum in Grade GS 17, effective this date.

For your information, this promotion is temporary and will remain in effect only for the duration of your present assignment.

Sincerely,

J. Edgar Hoover

MAILED 19
MAR 19 1965
COMM-FBI

- 1 - [Redacted]
- 1 - Movement
- 1 - [Redacted]

REC'D-READING ROOM
FBI
Mar 19 5 18 PM '65

b6
b7C

- Tolson _____
- Belmont _____
- Mohr _____
- DeLoach _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

3
MAR 23 1965

MAIL ROOM TELETYPE UNIT

CRD
1965

UNITED STATES GOVERNMENT

Memorandum

<i>[Signature]</i>	Tolson	_____
	Belmont	_____
	Mohr	_____
	DeLoach	_____
	Casper	_____
<i>[Signature]</i>	Callahan	_____
	Conrad	_____
	Felt	_____
	Gale	_____
	Rosen	_____
	Sullivan	_____
	Tavel	_____
	Trotter	_____
	Tele. Room	_____
	Holmes	_____
	Gandy	_____

TO : The Director

DATE: 4-5-65

FROM : Mr. Tolson

SUBJECT: W. MARK FELT
Assistant Director
Inspection Division

[Handwritten signature]

OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period 4-1-64 to 3-31-65. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Thereafter it must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Felt and, upon approval by the Departmental Committee on Incentive Awards, he be furnished a copy of his rating and approved for a cash award of \$500.

Enclosures

RRB:crt
(2)

[Handwritten signatures and notes]

Approved by Deputy 4/14
Director Felt 4/14

REC-135

67-276576-365
Searched _____
Numbered _____
1 APR 15 1965

[Handwritten signature]

W. MARK FELT

New York, New York
April 15, 1965

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. DeLoach	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

W. Mark Felt

Dear Mr. Hoover:

Thank you very much for your kind letter of April 14, 1965 advising that you have given me an Outstanding performance rating for the period of April 1, 1964 to March 31, 1965.

This recognition is extremely gratifying and I am deeply appreciative. I thank you also for the generous incentive award which is most pleasing.

I assure you that I will exert my maximum effort to insure my services will measure up to high Bureau standards.

Again, let me say thank-you.

Sincerely,

W. Mark Felt

W. Mark Felt

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-143

67-276576-366

Searched	Numbered
7 APR 30 1965	

1 APR 22 1965

3-128

REC-135

April 14, 1965

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

It is indeed a pleasure to advise that you have been afforded an Outstanding performance rating covering your services for the period April 1, 1964, to March 31, 1965, which has been approved by the Departmental Committee on Incentive Awards. There is enclosed a copy of this rating which you may retain.

Also enclosed is a check representing an incentive award of \$500.00, which I have approved for you in recognition of your exceptional services. I have been very pleased with the superior manner in which you discharged your responsibilities, displaying splendid leadership. I do not want the opportunity to pass without expressing my sincere thanks.

MAILED
APR 14 1965
COMM-FBI

Sincerely,
J. Edgar Hoover

XEROX
DEC 13 1978

Enclosures (2)

1 - [] (Sent Direct)

LRH:dks
(4)
67-276576 Award #565-65
NOTE: Salutation per file.

Based on memo Tolson-Director 4-5-65.

- Tolson _____
- Belmont _____
- Mohr _____
- DeLoach _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAIL ROOM TELETYPE UNIT

APR 14 11 28 AM '65
REC'D-READING ROOM
FBI

b6
b7c

APR 14 1965

UNITED STATES GOVERNMENT

Memorandum

TO : MR. TOLSON

DATE: October 7, 1965

FROM : W. M. FELT

SUBJECT: ASSISTANT DIRECTOR W. MARK FELT
INSPECTION DIVISION

Tolson	_____
Belmont	_____
Mohr	_____
DeLoach	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

Check my folder

You will recall Mr. Felt was absent on sick leave Monday (October 4, 1965). He came into the office on Tuesday but obviously was not up to par and indicated that he still had some symptoms of what appeared to be flu. He did not feel well enough to come in Wednesday morning and is also out today.

A check this morning indicated he had seen the doctor Wednesday but was scheduled for some additional checks today. He called this afternoon and said that he has had the flu and also the doctor had suspected a touch of bursitis in his upper back for which he is scheduled to be x-rayed Friday morning (October 8, 1965).

Mr. Felt indicated that he plans to come into the office after his 11:00 AM x-ray appointment in the event he feels sufficiently improved. He indicated he is feeling much better now but was urged to give no thought to the office until he felt completely well.

ACTION:

Information.

- 1 - Mr. Callahan
- 1 - Mr. W. E. Clark

HEE:wmj
(4)

REC-101

67-276576-367

Searched	Numbered
7	18

7 OCT 18 1965

42

*ret'd 10/8/65
Mr. Clark
p.d.*

9 OCT 21 1965

[Handwritten signature]

b6
b7C

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 9/17/65

I certify that I have received returned the following Government property for official use:

COPY 2 OF EACH TRAINING DOCUMENT 1 THROUGH 68, EXCEPT 49 WHICH WAS TAKEN FROM INVENTORY LIST.

✓ COPY 2 OF TRAINING GUIDES 1 AND 3, "AUDITING STANDARDS IN THE FBI," AND "BANKRUPTCY INVESTIGATIONS"

✓ COPY 4 OF TRAINING GUIDE 2, "GUIDELINES FOR INSTRUCTORS AT SEAT OF GOVERNMENT"

deleted from property record 9/27/65

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

Very truly yours, ³¹ *WEG*

(Signature) *W. Mark Felt*

(Typed name) W. MARK FELT

67-NOT RECORDED
4 SEP 28 1965

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 9-8-65

I certify that I have received returned the following Government property for official use:

(2) Key to Room 5254 (tel-key cabinet) ✓

FILE

31 MM

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

[Handwritten Signature]

(Typed name)

W. Mark Felt

67-NOT RECORDED
31 4 SEP 9 1965

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

6-10-65

I certify that I have received the following Government property for official use:

~~XXXXXXXX~~

D. C. Official Parking Permit #2926
expires 6-30-66

RETURNED

D. C. Official Parking Permit #3019 ✓
expires 6-30-65

detached

6-29-65

gcw

FILE

3/gcw

READ

Very truly yours,

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Signature)

W. Mark Felt

(Typed name)

67-NOT RECORDED

7 JUL 20 1965

132

September 30, 1965

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Felt:

I have reviewed the report of the inspection of the Inspection Division just completed and have approved the following ratings of your operations: Specific Division Operations, Administrative Operations, and Contacts - Very Good; Physical Condition and Maintenance and Personnel Matters - Excellent.

Your space was found to be well arranged, adequate, and in excellent condition, and I note that adequate security is afforded the maintenance and disposal of highly confidential inspection material. Although you have completed the same number of inspections as had been completed this time last year, you must insure that inspections of the remaining offices are completed before the end of this year. I was pleased to see that the travel and per diem costs, as well as the time required for inspections, have decreased. This is a most desirable trend and reflects careful scheduling. You should have periodic cost reports prepared for your attention to insure that this trend continues.

XEROX
DEC 18 1978

I was also pleased to learn that inspections are being conducted in a thorough, penetrative manner, and that disciplinary action is recommended where warranted. The institution of new inspection techniques, streamlining of summaries, and the recommendations during inspections for reassignment of personnel and automotive equipment where more urgently needed reflect a commendable awareness of the need for economy and desire to improve operations. You should continue to be alert for new applications of automatic data processing equipment. I will expect you to implement the suggestions made during the inspection to further reduce paper work and seek out additional ways in which such reduction can be accomplished.

74
1-Mr. Callahan (Attention: Mr. C. R. Davidson) (With Enclosure)
1-SOG Inspection File of Inspection Division
1-Personnel file of W. Mark Felt

WST:jmr

(5)

(SEE NOTE PAGE 2)

DUPLICATE YELLOW

Mr. W. Mark Felt

You should follow the suggested procedure to enable your Number One Man to make spot checks of field inspections without increasing travel costs. You should also have the suggested studies of the productivity of various inspection checks made when personnel is available to evaluate their continued effectiveness. The instructions of the Inspector to have certain material in personnel folders destroyed, to revise the index of Inspector's Aides, and to personally review all requests submitted by other divisions for inquiries to be made should be carried out promptly.

Your staff was found to be adequate but not excessive, and I was particularly encouraged to note that your training program for Inspectors and Aides is thorough and includes familiarization with automatic data processing equipment. You should incorporate the periodic instructions you issue in manuals or your working guide for permanent retention where appropriate. The excellent participation of your division in such programs as submission of articles for Bureau publications, 100 per cent membership in the Bureau's Recreation Association, and the substantial number of commendations and incentive awards received by your employees are indications of excellent morale.

The extensive contacts made by your Number One Man in his liaison work have certainly been beneficial to the Bureau, but you should seize every opportunity to enlarge the number of your personal contacts among important individuals who can assist the Bureau. You should also maintain an appropriate contact box to keep readily available records of such contacts.

You and your Number One Man should carefully review the inspection papers left with you and acquaint your staff with them. Advise Mr. Tolson promptly of the action you have taken to comply with the suggestions and instructions issued during the inspection.

Sincerely yours,

XEROX
DEC 13 1978

John Edgar Hoover
Director

- 2 -

(NOTE: Based on memo W. S. Tavel to Mr. Tolson 9-30-65 captioned "Inspection-
Inspection Division, Assistant Director W. S. Tavel, September 20-28, 1965,
prepared by WST:jmr)

MR. TOLSON

September 30, 1965

W. S. TAVEL

INSPECTION - INSPECTION DIVISION
ASSISTANT DIRECTOR W. S. TAVEL
SEPTEMBER 20-28, 1965

SUMMARY

Officials: Assistant Director W. Mark Felt in charge of division since 12-14-64; Assistant Director James H. Gale previously in charge since formation of separate Inspection Division in September, 1962. Inspector H. Lynn Edwards Number One Man since formation of division.

Physical Condition and Maintenance - Excellent. Space occupied, consisting of seven adjoining rooms, adequate, secure, organized for most efficient operation of division and maintained in neat, orderly condition. No delinquencies noted. Appropriate security provided in maintenance and disposal of highly confidential inspection material. Spot check of personal property reflected no discrepancies.

Division Operations - Very Good. Forty-seven (47) inspections conducted since 1-1-65 (same number as completed during similar period 1964); 3 in progress; 29 remaining to be done this year, 10 of which are foreign offices. Inspection of all offices expected to be completed by end of year. Inspections being scheduled on irregular basis with minimum travel and expenditure of manpower given due consideration. Appropriate procedures in effect to insure dates of future inspections remain confidential. Travel and per diem costs and time involved in conducting inspections show slight decrease for period of January - June, 1965 (latest cost data available) over similar period 1964. Favorable trend and reflects careful scheduling. Suggestion made by Inspector that periodic cost reports be prepared for Assistant Director. From review of several inspection reports, inspections appear to be thorough, comprehensive, probative, and number of constructive improvements made as a result. Since 1-1-65 inspections have resulted in 158 censures and 37 instances of more severe administrative action, comparable with similar period 1964. Accomplishments since 1-1-65 include institution of several new inspection techniques, elimination of unnecessary personnel and automotive equipment in some offices and reassignment where more urgently needed, streamlining through more concise inspection summaries, and revision of work papers. Inquiry and

Enclosure

1-Mr. Callahan (Attention: Mr. C. R. Davidson)(detached)

① Personnel file of W. Mark Felt

1-Personnel file of H. Lynn Edwards

WST:jmr

(5) 74

DUPLICATE YELLOW

9 OCT 14 1965 CONTINUED - OVER

Memorandum to Mr. Tolson from W. S. Tavel
Re: Inspection - Inspection Division

suggestion made during inspections concerning additional use for automatic data processing. Several suggestions made by Inspector for further reducing paper work, including technique of updating work papers from previous inspection, where practical, noting only pertinent changes rather than completely redescribing continuing procedures each time; reducing verbiage; and eliminating retention of unnecessary material.

Administrative Operations - Very Good. Number One Man spends approximately 50% of time on liaison duties not related to inspection matters (American Bar Association, National Association of Attorneys General, etc.). Field inspections being spot-checked by Assistant Director. Instructions issued to enable Number One Man to also make spot checks in field without additional travel costs. Inspectors and Aides constructively occupied while at headquarters on preparation of inspection reports, surveys, and other duties. Inspector suggested continuing studies be made of individual inspection checks to evaluate productivity. Instructions issued to destroy some material in folders on inspection personnel, to revise index of Inspectors' Aides, and for Assistant Director to personally review all requests submitted by Seat of Government divisions for checks to be made during field inspections. Registers, time and attendance, leave records satisfactory. Five (5) of 15 division forms revised since 1-1-65 for more efficient use. Tight security afforded inspection examinations. Excellent participation in submission of articles for Bureau publications. Defense Plans adequate, up to date.

Personnel Matters - Excellent. Training program for Inspectors and Aides well organized and thorough, including familiarization with automatic data processing equipment. Manuals and working guides comprehensive and concise. Suggestion made that special instructions disseminated periodically by Assistant Director be incorporated in manuals or working guide when appropriate for permanent reference. Staff of 4 clerks and 34 Agents adequate, not excessive. Voluntary overtime necessary, productive, equitably shared. Membership in FBIRA 100%. In fiscal year 1965 to date, division personnel have received 5 incentive awards; 5 quality salary increases; 7 letters of commendation; 1 letter of censure. Morale excellent.

Contacts - Very Good. Extensive liaison maintained by Number One Man appears beneficial to Bureau. Suggested Assistant Director enlarge number of personal contacts and maintain appropriate contact box.

Memorandum to Mr. Tolson from W. S. Tavel
Re: Inspection - Inspection Division

RECOMMENDATIONS:

(1) Assistant Director W. Mark Felt, EOD 1-26-42, GS-17 @ \$22,945, non-veteran, not on probation, in charge of division since 12-14-64. Felt makes a particularly impressive appearance, has friendly personality, is intelligent, alert, enthusiastic about making improvements in inspections, and has sufficient firmness to command respect. He has taken hold of division well and works staff hard. Continue in present assignment. If approved, attached letter will advise him of inspection findings.

(2) Inspector H. Lynn Edwards, Number One Man of division since formed September, 1962, EOD 2-10-41, GS-17 @ \$24,445, nonveteran, not on probation. Edwards makes an excellent appearance, has an ingratiating manner suited to his extensive liaison work, is highly intelligent, exhaustively thorough in his work, loyal to the Director, and his long experience in personnel and inspection work qualifies him completely for his present position.



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-17-65</u>	<u>INSPECTION</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY P. FELT</u>	<u>WIFE</u>

Address
<u>3161 MUSKET CT FAIRFAX VIRGINIA</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]
Address	
[Redacted]	

b6
b7c

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

[Signature]
Special Agent

Payment Received
Special Agents Insurance Fund

JUN 5 1965

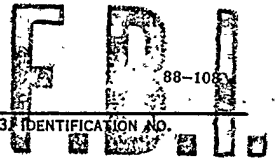
J. Edgar Hoover, Director

3-ecd

Div 2

Standard Form 88
(Rev. June 1956)
Bureau of the Budget
Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINATION



1. LAST NAME—FIRST NAME—MIDDLE NAME Felt, W. Mark		2. GRADE AND COMPONENT OR POSITION Asst. Director	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 11-1-65
7. SEX M	8. RACE Cauc	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	10. AGENCY
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8-17-13	
13. PLACE OF BIRTH Twin Falls, Idaho		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NMNC		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Copy of EC
12-17-74
mj

#24 Arcus senilis - below - N.C.D.

#39 Rt. herniomyopathy scar
L.L. 2 - scar.

67-276576-368
Searched _____ Numbered _____
1 DEC 2 1965 3/

REC-144

ENCLOSURE att

3/

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
<input type="checkbox"/> Restorable teeth <input checked="" type="checkbox"/> Nonrestorable teeth <input checked="" type="checkbox"/> Missing teeth <input checked="" type="checkbox"/> Replaced by dentures <input checked="" type="checkbox"/> Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
T	X															X	T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Exam type III
Class. I
No Defects Noted

45. URINALYSIS: A. SPECIFIC GRAVITY 1.017		46. CHEST X-RAY (Place, date, film number and result) 24120-65-50 Report	
B. ALBUMIN NEG	D. MICROSCOPIC Ess. Neg		
C. SUGAR NEG	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) NEG		50. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>121</i>		52. WEIGHT <i>174</i>		53. COLOR HAIR <i>Brown</i>		54. COLOR EYES <i>Blue</i>		55. BUILD: (Check one) <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> SLENDER <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESSE		56. TEMPERATURE <i>98.2</i>	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER	
SYS. <i>124</i>	DIAS. <i>74</i>	SYS.	DIAS.	SYS.	DIAS.					D. RECUMBENT <i>8.0</i>	E. AFTER STANDING 3 MIN.
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/ <i>25</i>		CORR. TO 20/ <i>20</i>		BY <i>lens</i>		S. CX		CORR. TO <i>24-12</i>		BY <i>lens</i>	
LEFT 20/ <i>20</i>		CORR. TO 20/ <i>20</i>		BY <i>lens</i>		S. CX		CORR. TO <i>20-10</i>		BY <i>lens</i>	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	

63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED					
RIGHT	LEFT	<i>AOC 1940 18/15</i>						CORRECTED					
66. FIELD OF VISION								67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					
RIGHT WV	<i>15 /15 SV</i>	<i>15 /15</i>		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192		
LEFT WV	<i>15 /15 SV</i>	<i>15 /15</i>											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Bilateral cataract senilis - N.C.A.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE									
						P	U	L	H	E	S				
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY									
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR															
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E						
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE <i>[Signature]</i>									
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE									
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE									
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE									
						NUMBER OF ATTACHED SHEETS									

-COPY*

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

REGISTER NO.

WARD NO.

FBI Staff Clinic

Felt, W. Mark

AGE	SEX	(Check one)	
52	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

11-1-65

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

24120-65

DATE OF REPORT

RADIOGRAPHIC REPORT

TYPED 3NOV

PA PROJECTION OF THE CHEST IS NORMAL. There is a slight scoliosis of the upper thoracic spine, convexity to the left. Calcium is present in the arch of the aorta. CWO:vm

E. W. OCHS
LCDR MC USN

E. W. OCHS
LCDR MC USN

30473-64 NMMC

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

-COPY-

Standard Form 519-A (Rev. Aug. 1964)—
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

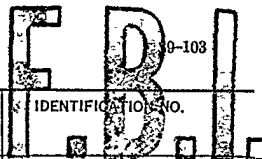
NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT

519-205

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



1. LAST NAME—FIRST NAME—MIDDLE NAME: **FELT W. MARK**
 2. GRADE AND COMPONENT OR POSITION: **GS 17**
 IDENTIFICATION NO. [Redacted]
 3. HOME ADDRESS (Number, street or RFD, city or town, zone and State): **3216 WYNFORD DRIVE FAIRFAX, VIRGINIA**
 4. PURPOSE OF EXAMINATION: **ANNUAL PHYSICAL**
 5. DATE OF EXAMINATION: **11-1-65**
 6. SEX: **M**
 7. RACE: [Redacted]
 8. TOTAL YEARS GOVERNMENT SERVICE: **30 YRS**
 9. MILITARY: [Redacted] CIVILIAN: **30 YRS**
 10. AGENCY: [Redacted] 11. ORGANIZATION UNIT: [Redacted]
 12. DATE OF BIRTH: **8-17-13** 13. PLACE OF BIRTH: **TWIN FALLS, IDAHO**
 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: [Redacted]
 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: [Redacted] 16. OTHER INFORMATION: [Redacted]

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)
EXCELLENT—EXCEPT FOR MILD DISCOMFORT IN LEFT ARM AND LEG ASSOCIATED WITH SITTING FOR EXTENDED PERIODS

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			RELATION(S)
					YES	NO	(Check each item)	
FATHER		DECEASED	EMBOLISM	88		✓	HAD TUBERCULOSIS	
MOTHER	86	EXCELLENT				✓	HAD SYPHILIS	
SPOUSE	50	EXCELLENT				✓	HAD DIABETES	
BROTHERS AND SISTERS						✓	HAD CANCER	MOTHER
						✓	HAD KIDNEY TROUBLE	
						✓	HAD HEART TROUBLE	
						✓	HAD STOMACH TROUBLE	FATHER
CHILDREN						✓	HAD RHEUMATISM (Arthritis)	
						✓	HAD ASTHMA, HAY FEVER, HIVES	
						✓	HAD EPILEPSY (Fits)	
						✓	COMMITTED SUICIDE	
						✓	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
✓		SCARLET FEVER, ERYSIPELAS	✓		GOITER	✓		TUMOR, GROWTH, CYST, CANCER	✓		"TRICK" OR LOCKED KNEE
✓		DIPHTHERIA	✓		TUBERCULOSIS	✓		RUPTURE	✓		FOOT TROUBLE
✓		RHEUMATIC FEVER	✓		SOAKING SWEATS (Night sweats)	✓		APPENDICITIS	✓		NEURITIS
✓		SWOLLEN OR PAINFUL JOINTS	✓		ASTHMA	✓		PILES OR RECTAL DISEASE	✓		PARALYSIS (Inc. infantile)
✓		MUMPS	✓		SHORTNESS OF BREATH	✓		FREQUENT OR PAINFUL URINATION	✓		EPILEPSY OR FITS
✓		WHOOPIING COUGH	✓		PAIN OR PRESSURE IN CHEST	✓		KIDNEY STONE OR BLOOD IN URINE	✓		CAR, TRAIN, SEA, OR AIR SICKNESS
✓		FREQUENT OR SEVERE HEADACHE	✓		CHRONIC COUGH	✓		SUGAR OR ALBUMIN IN URINE	✓		FREQUENT TROUBLE SLEEPING
✓		DIZZINESS OR FAINTING SPELLS	✓		PALPITATION OR POUNDING HEART	✓		BOILS	✓		FREQUENT OR TERRIFYING NIGHTMARES
✓		EYE TROUBLE	✓		HIGH OR LOW BLOOD PRESSURE	✓		VENEREAL DISEASE	✓		DEPRESSION OR EXCESSIVE WORRY
✓		EAR, NOSE OR THROAT TROUBLE	✓		CRAMPS IN YOUR LEGS	✓		RECENT GAIN OR LOSS OF WEIGHT	✓		LOSS OF MEMORY OR AMNESIA
✓		RUNNING EARS	✓		FREQUENT INDIGESTION	✓		ARTHRITIS OR RHEUMATISM	✓		BED WETTING
✓		CHRONIC OR FREQUENT COLDS	✓		STOMACH, LIVER OR INTESTINAL TROUBLE	✓		BONE, JOINT, OR OTHER DEFORMITY	✓		NERVOUS TROUBLE OF ANY SORT
✓		SEVERE TOOTH OR GUM TROUBLE	✓		GALL BLADDER TROUBLE OR GALL STONES	✓		LAMENESS	✓		ANY DRUG OR NARCOTIC HABIT
✓		SINUSITIS	✓		JAUNDICE	✓		LOSS OF ARM, LEG, FINGER, OR TOE	✓		EXCESSIVE DRINKING HABIT
✓		HAY FEVER	✓		ANY REACTION TO SERUM, DRUG OR MEDICINE	✓		PAINFUL OR "TRICK" SHOULDER OR ELBOW	✓		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

✓	WORN GLASSES	✓	ATTEMPTED SUICIDE
✓	WORN AN ARTIFICIAL EYE	✓	BEEN A SLEEP WALKER
✓	WORN HEARING AIDS	✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
✓	STUTTERED OR STAMMERED	✓	COUGHED UP BLOOD
✓	WORN A BRACE OR BACK SUPPORT	✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:

✓	BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
✓	HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
✓	BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
✓	HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
✓	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

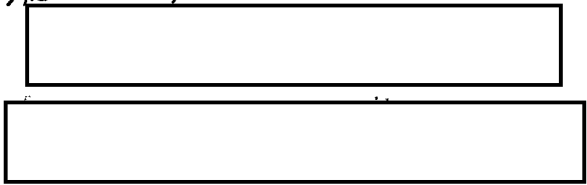
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? **ONE**
 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS **25 YEARS**
 25. WHAT IS YOUR USUAL OCCUPATION? **SPECIAL AGENT - FBI**
 26. ARE YOU (Check one) RIGHT HANDED LEFT HANDED

67-276576-368 ENCLOSURE

2

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

#32 TONSILLECTOMY - AGE 6
 HYPERTROPHY - AGE 36
 ABDOMINAL



b6
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE: W. MARK FERT SIGNATURE: [Signature]

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

med discomfort in left arm and left leg associated with sitting for extended periods - in last fifteen years, esp. in last year. no weight loss. appetite good. Nocturia 0-1x. No diabetes in family.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: CAPT. MC USN DATE: 11/1/65 SIGNATURE: [Signature] NUMBER OF ATTACHED SHEETS: 1

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Felt, W. Mark
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No

If recommendation is based on a factor other than above standard, indicate basis _____

67-276576-528 ENCLOSURE

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is small medium large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient

6. Under proper medical supervision, examinee should lose _____ pounds
 gain _____ pounds

Remarks: _____


(Signature of Medical Examiner)

11-22-65
(Date)

January 26, 1966

PERSONAL

Dear Felt:

Congratulations on your
Twenty-fourth Anniversary in the Bureau!
I hope the Bureau will have the benefit of
your fine services for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

REC-144

67-116976-369
JAN 28 1966

JEH:rm (3)

Anniversary 1/26 - Wednesday

SENT FROM D. O.
TIME 8:28 AM
DATE 1/26/66
BY JEH

- Tolson _____
- Belmont _____
- Mohr _____
- DeLoach _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAIL ROOM TELETYPE UNIT

145

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Wick	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____ b6
Holmes	_____ b7C
Gandy	_____

TO : MR. TOLSON

DATE: 3/11/66

FROM :

[Redacted]

SUBJECT: W. MARK FELT
ASSISTANT DIRECTOR
INSPECTION DIVISION

*on Special Assignment at
Kansas City per
movement
ago*

[Redacted]

Mr. Felt is currently on special assignment in Kansas City. He was placed in charge of the Inspection Division on 12/14/64 and on 3/19/65 he was promoted from Grade GS 16 to GS 17 and designated Assistant Director of the Inspection Division. He is now being considered for a promotion to Grade GS 18.

Mr. Felt has done a very effective job in handling all aspects of the Inspection Division. In addition, he has handled a number of special assignments for the Director in an excellent fashion. He has instituted a very intensive and detailed training program for his inspection staff, which is absolutely essential due to the rather rapid turnover of inspectors. This training program has proven to be very effective.

No administrative action has been taken against Mr. Felt since he has been in charge of the Inspection Division and he is currently rated Outstanding. He was granted a cash award of \$500 in recognition of his Outstanding Performance Rating on 4/14/65.

The last inspection of the Inspection Division was conducted in September, 1965 and all division operations were rated Very Good to Excellent. Mr. Felt's services continue to be in the outstanding category.

RECOMMENDATION:

REC-141

67-276576-370
38

That Mr. Felt be reallocated to Grade GS 18, effective 3/19/66, which would be one year since his last reallocation. This promotion would be effective for the duration of his current assignment.

ADDENDUM BY MR. TOLSON 3/14/66

PERMANENT BRIEF OF FILE ATTACHED

I suggest we await the results of the Kansas City case.

ERC:DSS

*Letter prep
3-14-66
Team*

GRC

4

WJA

*OK -
Del. Adv.
Mr. W.
Mr. A. -
Movement
3-14-66*

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Wick	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____ b6
Rosen	_____ b7C
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : MR. TOLSON

DATE: 2/8/66

FROM : C. D. DeLoach

cc Mr. DeLoach
Mr. Mohr
Mr. Gale

SUBJECT: UNKNOWN SUBJECTS
Salvatore Eugene Palma, aka
INTERSTATE TRANSPORTATION OF STOLEN PROPERTY
OBSTRUCTION OF JUSTICE

W. Mark Felt

In accordance with my memorandum of 2/7/66, it was proposed that Inspector Campbell, who is one of the major case inspectors previously approved by the Director, receive indoctrination in captioned matter here at the seat of government and later on this week report to Assistant Director Felt in Kansas City. Campbell would stay with Felt for several days and undergo indoctrination, and eventually take over leadership in this case. Assistant Director Felt would then return to the seat of government.

Inspector Campbell has been going over all aspects of the Palma case. I have had two lengthy conferences with him concerning this matter. He has discussed this case with personnel of the Special Investigative Division. Assistant Director Felt feels that he could safely leave Kansas City on Monday or Tuesday of next week, 2/14 or 15/66, and return to the seat of government. This, of course, would give him several days in which to be with Inspector Campbell so that considerable indoctrination could be given him.

In view of my discussion with you, I will issue instructions to Assistant Director Felt that he should remain in Kansas City until further notice. It is suggested that Inspector Campbell proceed to Kansas City as of tonight, 2/8/66, and report to Assistant Director Felt, so that valuable experience can be gained in the handling of such major cases. If there are no objections, instructions will be issued accordingly.

REC-47

CDD:CSH (4) *11/11* XEROX
FEB 25 1966

FEB 21 1966

67-NOT RECORDED
1 MAR 3 1966

PERS. DIV.

My last... look with... on... after he took... create eye

Campbell leaving... subject 13

FBI WASH DC

FBI KAN CITY

711 PM CST URGENT 2-8-66 CAW

TO : DIRECTOR

FROM : ASSISTANT DIRECTOR W. MARK FELT

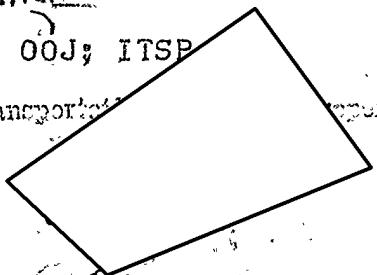


OBSTRUCTION
of JUSTICE

b6
b7C

UNSUBS; SALVATORE EUGENE PALMA, AKA - VICTIM. OOJ; ITSP
OO - KANSAS CITY.

Interstate Transportation



REMYTEL, FEBRUARY SEVEN LAST.

SYNOPSIS:



NICHOLAS

b6
b7C

CIVELLA, LA COSA NOSTRA BOSS, ASKED WHAT COULD BE DONE TO STOP
"ALL THE HEAT", SAID HE COULD PROBABLY PERSUADE "SOME OF [REDACTED]
[REDACTED]", WHO HAVE PREVIOUSLY BEEN UNCOOPERATIVE, TO TESTIFY
CONCERNING VICTIM'S MENTAL STATE AND INDICATIONS OF POSSIBLE
SUICIDAL INTENT. [REDACTED] WAS INFORMED IN NO UNCERTAIN TERMS THAT
FACTS INDICATED HOMICIDE AND THAT INVESTIGATIVE PRESSURE WOULD
CONTINUE UNTIL TRUE FACTS, WHATEVER THEY MIGHT BE, WERE OBTAINED.
THIS APPROACH BELIEVED TO BE INDICATIVE OF PANIC REACTION BY
HOODLUMS.

b6
b7C

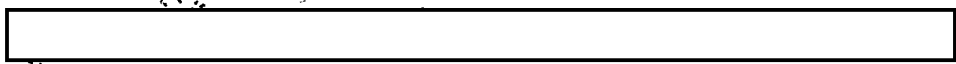
REC-67

211

FEB 22 1966

CONTINUED INVESTIGATIVE AND GRAND JURY PRESSURE BEING

MAINTAINED.



BEING SUBPOENAED

b3

END PAGE ONE

dis. notation

XEROX

FEB 25 1966

PERS. Rm UNIT

KC 72-81 PAGE TWO

TO APPEAR BEFORE FEDERAL GRAND JURY ON FRIDAY NEXT. KANSAS CITY STAR PLANNING ADDITIONAL FEATURE ARTICLE ON HOODLUM ORGANIZATION FOR SUNDAY NEXT. ALCOHOL AND TOBACCO TAX UNIT PLANNING FULL INSPECTION OF ANTONIO'S PIZZERIA FOR FRIDAY NEXT. EXTENSIVE INVESTIGATION CONTINUING.

INTERVIEW WITH [REDACTED]

[REDACTED] APPEARED IN OFFICE OF U. S. ATTORNEY MILLIN "TO DISCUSS PALMA CASE". [REDACTED] ANTHONY CIVELLA AND HE IS KNOWN [REDACTED] OTHER HOODLUM FIGURES. SURVEILLANCE OF ANTHONY CIVELLA LAST WEEK INDICATED THAT HE AND HIS UNCLE, NICHOLAS CIVELLA, LA COSA NOSTRA BOSS, WERE IN SAME BUILDING WHERE [REDACTED] AND IT IS BELIEVED THEY WENT THERE FOR CONFERENCE [REDACTED] STARTED RIGHT OFF BY SAYING, "WHAT CAN WE DO TO TAKE OFF THE HEAT". AT THIS POINT MILLIN CALLED ME TO COME TO HIS OFFICE TO HEAR WHAT [REDACTED] HAD TO SAY. AFTER LISTENING TO [REDACTED] THERE WAS NO DOUBT BUT THAT HE WAS THERE AS EMISSARY OF HOODLUM ELEMENT. HE POINTED OUT [REDACTED] [REDACTED] WERE GREATLY CONCERNED ABOUT AGGRESSIVE FBI INVESTIGATION, EXTENSIVE NEWSPAPER PUBLICITY AND USE OF FEDERAL GRAND JURY. HE

END PAGE TWO

b6
b7c

KC 72-81 PAGE THREE

SUGGESTED HE MIGHT BE ABLE TO HAVE SOME OF [REDACTED] COME FORWARD FOR INTERVIEW BY THE FBI AND FOR GRAND JURY TESTIMONY PROVIDED THEY WERE QUESTIONED ONLY ABOUT PALMA CASE. I ASKED [REDACTED] WHAT INFORMATION HE THOUGHT THESE PERSONS COULD PROVIDE AND HE REPLIED THAT UNDOUBTEDLY THEY COULD PROVIDE ADDITIONAL INFORMATION CONCERNING VICTIM'S MENTAL CONDITION AND STATEMENTS TENDING TO INDICATE PALMA'S INTENTION OF TAKING HIS OWN LIFE.

b6
b7c

I TOLD [REDACTED] EMPHATICALLY THERE WOULD BE NO COMPROMISE OF ANY SORT AND THAT VIGOROUS INVESTIGATION WOULD CONTINUE UNTIL WE GOT TRUTH ABOUT WHAT HAPPENED. FURTHERMORE IF DEATH RESULTED FROM SUICIDE AS HE CLAIMED, THEN OUR INVESTIGATION WOULD HAVE TO CONTINUE UNTIL WE LOCATED PERSON OR PERSONS RESPONSIBLE FOR, ONE, BULLET WOUND IN VICTIM'S BACK; TWO, REMOVAL OF DEATH WEAPON; AND THREE, REMOVAL OF VICTIM'S CAR.

b6
b7c

AT THIS POINT [REDACTED] STATED HE FELT PALMA MUST HAVE HIRED AN ACCOMPLICE TO MAKE DEATH LOOK LIKE MURDER AND WHILE HE DID NOT BELIEVE [REDACTED] RESPONSIBLE, IT WOULD NOT BE LOGICAL FOR ANYONE TO ADMIT IT TO FBI BECAUSE THEY MIGHT ULTIMATELY BE TRIED FOR MURDER IN STATE COURT. I TOLD [REDACTED] IF HE WERE SO SURE IT WAS SUICIDE, [REDACTED] HAVE NO

b6
b7c

END PAGE THREE

KC 72-81 PAGE FOUR

DIFFICULTY IN SO CONVINCING JURY IN STATE COURT. I TOLD HIM THAT THERE WOULD BE INCREASING PRESSURE ON THIS CASE UNTIL WE DETERMINED WHO WAS RESPONSIBLE FOR THE HOMICIDE.

PRESSURE ON HOODLUM ELEMENT:

INVESTIGATIVE PRESSURE CONTINUES AND IN ADDITION ALL OTHER POSSIBLE ANGLES BEING EXPLORED. U. S. ALCOHOL AND TOBACCO TAX UNIT WILL MAKE DETAILED ON SCENE CHECK AT ANTONIO'S PIZZERIA FRIDAY NEXT. KANSAS CITY STAR IS PREPARING LENGTHY ARTICLE FOR NEXT SUNDAY'S ISSUE DESCRIBING THE CRIMINAL ORGANIZATION IN KANSAS CITY. THIS HAS BEEN PREPARED ON BASIS OF MATERIAL IN NEWSPAPER MORGUE BUT IS SURPRISINGLY ACCURATE AND WILL FOCUS MORE PUBLIC ATTENTION ON HOODLUM ELEMENT. CONCENSUS OF INFORMANTS IS THAT HOODLUMS ARE EXTREMELY CONCERNED.

FEDERAL GRAND JURY:

SUBPOENAS ISSUED TODAY FOR FRIDAY APPEARANCE OF

END PAGE FOUR

KC 72-81 PAGE FIVE

ATTORNEY MILLIN WILL CONTINUE TAKING OF FIFTH AMENDMENT
WITNESSES BEFORE U. S. DISTRICT JUDGE HUNTER.

TARGET SUSPECTS:

SURVEILLANCES BEING ROTATED ON MAJOR SUSPECTS SO ALL
WILL THINK CONSTANT COVERAGE. ALL ARE WORRIED, BUT ANTHONY
CIVELLA IN PARTICULAR SHOWS EFFECTS OF PRESSURE. VARIOUS
INFORMANTS REPORT PRESSURE APPEARS TO BE MAKING HIM ILL.

COVERAGE BEING MAINTAINED THROUGH SURVEILLANCE, INFORMANTS,
AND NEIGHBORHOOD SOURCES.

CRIME SEARCH:

SEARCH OF PALMA ACREAGE WITH TWO LARGE ARMY
MINE DETECTORS AND CREW OF AGENTS NEGATIVE TODAY BUT BEING
CONTINUED TOMORROW.

END

WA..... NLL

FBI WASH DC

TU@

*Keep surveillance on 4 left
at all times. I have no
information at this time.
A. J. [unclear] [unclear]
in [unclear] [unclear] [unclear]
to [unclear] [unclear] [unclear].
H*

10 11 1972



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>W. MARK FELT</i>	<i>12-7-65</i>	<i>TEH</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<i>AUDREY R. FELT</i>	<i>WIFE</i>

Address *3216 WYNFORD DR. FAIRFAX VIRGINIA*

Name (contingent beneficiary, if desired; use given first name if female)

Address

b6
b7C

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

JAN 6 1966

J. Edgar Hoover, Director

[Signature]
Special Agent

3-ecd

- Mr. Tolson ✓
- Mr. DeLoach ✓
- Mr. Mohr ✓
- Mr. Wick ✓
- Mr. Casper ✓
- Mr. Callahan ✓
- Mr. Conrad ✓
- Mr. Felt ✓
- Mr. Gale ✓
- Mr. Rosen ✓
- Mr. Sullivan ✓
- Mr. Tavel ✓
- Mr. Trotter ✓
- Tele. Room
- Miss Holmes
- Miss Gandy

Kansas City, Missouri
 March 16, 1966

Mr. J. Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

W. Mark Felt *Appelsh*

Dear Mr. Hoover:

Your letter of March 14, 1966, advising of my promotion to grade GS-18 has been received.

I am extremely grateful for this wonderful recognition and most appreciative of your consideration. You can be sure of my continued maximum effort to carry out every assignment in the manner which you expect.

Concerning the reason for my presence in Kansas City, I had hoped to come up with a solution before this time. However, I refuse to entertain any other thought than for a successful outcome. Furthermore, we have very effectively used the Palma case as a vehicle to concentrate and increase the pressure already initiated by the Criminal Intelligence Program. Collateral benefits have included the stepping up of local and Federal prosecution of hoodlums with maximum and near maximum sentences being imposed.

Yesterday a local businessman, who was one of the largest Kansas City bookmakers during the Pendergast regime, advised that because of FBI pressure in the Palma case, organized hoodlum activities in Kansas City are at their lowest ebb in fifty years. He said hoodlum revenues have been substantially cut back and that if Nicholas Civella, the "La Cosa Nostra" boss, could be put in jail for any reason this might well trigger the collapse of the hoodlum organization.

And we are planning to do just that! Our prime target in the immunity proceedings is Nicholas Civella and we have excellent information on telephone

REC-150

67-276576-371
 Searched _____ Numbered _____
 1 MAR 21 1966

THRU

93
 MAR 25 1966

calls to hoodlum associates in other areas upon which to base immunity. United States Attorney F. Russell Millin returned from Washington last week inspired from his visit with you and confident of ultimate Departmental approval. To implement Departmental conditions, we have initiated extensive file research for data which the Department now deems necessary in this type proceeding. You can be assured that I will continue to vigorously press ahead in this and the other facets of this case.

Let me again express my thanks and appreciation for my promotion. It is a real privilege to be associated with this splendid organization and I hope that I can work under your exceptional leadership for many years to come.

Sincerely,

A handwritten signature in dark ink, appearing to read 'W. Mark Felt', with a long horizontal flourish extending to the right.

W. MARK FELT

REC-141

March 14, 1966

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Kansas City, Missouri

Dear Felt:

I am indeed pleased to
advise you of your promotion to
\$25,332 per annum in Grade GS 13,
as an Assistant Director, effective
March 19, 1966.

For your information,
this promotion is temporary and
will remain in effect only for the
duration of your present assignment.

Sincerely,

J. Edgar Hoover

MAILED 17
MAR 14 1966
COMM-FBI

MAR 14 1 56 PM '66
FBI
REC'D-READING ROOM

- 1 - [Redacted]
- 1 - [Redacted]
- 1 - Movement
- 1 - [Redacted]

Jan
tam
(6)
[Handwritten initials]

[Handwritten signatures and initials]

GBA

RGH

- Tolson _____
- DeLoach _____
- Mohr _____
- Wick _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

6 MAR 21 1966
MAIL ROOM TELETYPE UNIT

b6
b7C

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1965 to MARCH 31, 1966

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Clyde A. Tolson Associate Director 4/1/66
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/66
Signature Title Date

TYPE OF REPORT

- Official
- Annual

REC-137
67-276576-372
Searched _____ Indexed _____
3 APR 8 1966
 Administrative
 60-Day
 90-Day
 Transfer
 Separation from Service
 Special

XEROX
DEC 13 1978

APR 13 1966 18

3/1/66

**W. MARK FELT
ASSISTANT DIRECTOR
INSPECTION DIVISION**

As Assistant Director in charge of the Inspection Division, Mr. Felt is responsible for the conduct of complete inspections of the fifty-seven field offices, ten Seat of Government divisions and any foreign installations and has centralized control of all inspection matters. He has discharged all his responsibilities in this area of our operations in such an exceptional manner for the period April 1, 1965, to March 31, 1966, that an Outstanding rating is merited.

Mr. Felt is eminently qualified for this position as he possesses a remarkable insight into all the functions, both administrative and investigative, of a field office and an unusually comprehensive knowledge of the Bureau's rules, regulations, policies and procedures. Quick to detect any deficiencies in operations or procedures, he is equally as quick to correct such deficiencies or to institute new procedures or policies to streamline operations. He possesses unusual initiative and resourcefulness and takes prompt and aggressive action to gain his objectives. A top-notch administrator, he has the capacity to deal effectively with personnel and inculcating enthusiasm and dedication among his associates.

He presents a mature, forceful and businesslike appearance which, coupled with his friendly personality, makes him most effective in his contacts with his associates and with others as a Bureau representative. Mr. Felt has handled all his responsibilities flawlessly and, as a result of his positive and imaginative approach, has contributed substantially to the success of the Bureau during the past year. A rating of Outstanding is clearly justified.

XEROX

DEC 13 1978

NOTIFICATION OF PERSONNEL ACTION
 (EMPLOYEE — See General Information on Reverse)

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE FELT, W. MARK		MR.—MISS—MRS. (MR.)	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 8-17-13	4. SOCIAL SECURITY NO. 511-46-0048
5. VETERAN PREFERENCE 1 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER		6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE	
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED		10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION PROMOTION		13. EFFECTIVE DATE (Mo., Day, Year) 3-19-66	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW		
15. FROM: POSITION TITLE AND NUMBER Assistant Director 110		16. PAY PLAN AND OCCUPATION CODE GS	17. (a) GRADE OR LEVEL 17	(b) STEP OR RATE 3	18. SALARY \$23,771 pa
19. NAME AND LOCATION OF EMPLOYING OFFICE Inspection Division Washington, D. C.					

20. TO: POSITION TITLE AND NUMBER Assistant Director 110		21. PAY PLAN AND OCCUPATION CODE GS	22. (a) GRADE OR LEVEL 18	(b) STEP OR RATE 1	23. SALARY \$25,362 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE Inspection Division Washington, D. C.					

25. DUTY STATION (City—county—State)				26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2		

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____
 B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____
 C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.

This promotion is temporary and will remain in effect only for the duration of present assignment.

67-NOT RECORDED
19 MAR 31 1966

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE E. Hoover Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 3-19-66	
33. CODE DJ 02	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535		
4. PERSONNEL FOLDER COPY			

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Wick	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : The Director

DATE: 3-28-66

FROM : Mr. Tolson

SUBJECT: W. MARK FELT
Assistant Director
Inspection Division

OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1965, to March 31, 1966. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Thereafter, it must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Felt and, upon approval by the Departmental Committee on Incentive Awards, he be furnished a copy of his rating and approved for a cash award of \$500.

LDH
Rest. & Z alpha 2/1/66
 Enclosures
 LDH:jap
 (2)

4/1/66
REC-132

276576-373
 3 MAR 8 1966
 42

Letter dated 4/7/66
mm

3 mm

- Mr. Tolson ✓
- Mr. DeLoach _____
- Mr. Mohr _____
- Mr. Wick _____
- Mr. Casper _____
- Mr. Callahan ✓
- Mr. Conrad _____
- Mr. Felt ✓
- Mr. Gale _____
- Mr. Rosen _____
- Mr. Sullivan _____
- Mr. Tavel _____
- Mr. Trotter _____
- Tele. Room _____
- Miss Holmes _____
- Miss Gandy _____

April 11, 1966

Mr. John Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

Dear Mr. Hoover:

This letter is to thank you for the outstanding performance rating which you approved for me for the period ending March 31, 1966.

This wonderful recognition and the incentive award which accompanied it are both deeply appreciated. You can be sure of my continued and increased efforts to discharge my responsibilities in a manner which will measure up to the high Bureau standards which you have established.

Let me again express my pleasure and satisfaction in working under your inspiring direction. I hope that I can continue to work under your direction for many years to come.

Sincerely,

W. Mark Felt
 W. MARK FELT

REC-143 67- 276 576-374
 Searched _____ Numbered _____
 1 APR 14 1966

137
 1 APR 19 1966

W. Mark Felt

REC-137
3

April 7, 1966

PERSONAL

2
Mr. W. Mark Felt
Federal Bureau of Investigation
Kansas City, Missouri

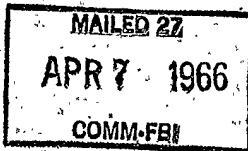
Dear Felt:

I am pleased to advise you that in recognition of your superior services for the period April 1, 1965, to March 31, 1966, you have been afforded an Outstanding performance rating which has been approved by the Departmental Committee on Incentive Awards. You may retain the copy of this rating which is enclosed.

In addition, I have approved an incentive award for you and the enclosed check represents an award of \$500.00. You have displayed an exceptionally high degree of dedication to the Bureau and have discharged your many and heavy responsibilities superbly. I deeply appreciate your invaluable services.

Sincerely,

J. Edgar Hoover



Enclosures (2)

1 - (Sent Direct)

LRH:kec *kec*

(4)

Award #677-66

Based on memo Mr. Tolson to the Director 3/28/66.

Salutation per file. *61*

- Tolson _____
- DeLoach _____
- Mohr _____
- Wick _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAIL ROOM TELETYPE UNIT

b6
b7c

JEB
4/5/66

REPORT OF MEDICAL EXAMINATION

10 **F.B.I.** 88-108

1. LAST NAME—FIRST NAME—MIDDLE NAME FELT, W. MARK		2. GRADE AND COMPONENT OR POSITION Asst Director	3. IDENTIFICATION NO. 5-32-73
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 12-1-66
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	10. AGENCY
12. DATE OF BIRTH 8-17-13		11. ORGANIZATION UNIT	
13. PLACE OF BIRTH Twin Falls, Idaho		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NMMC		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistular) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium, tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

copy of rec 12-1-66

RESULTS	15.0	4.6	7.5	5.6	3.5	1	8
HEC							
C/S							
PLATELET X103							

Will healed right hemiorrhaphy scar.
Will healed L.H. Q. Scar
Exploratory

REC-141
67-276576-375
1 JAN 5 1967

ENCLOSURE att

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth		X—Missing teeth						(6 X 8)—Fixed bridge, brackets to include abutments									
/—Nonrestorable teeth		XXX—Replaced by dentures															
R	X	2	3	4	5	6	7	8	9	10	11	12	(13)	X	15	X	L
I																	E
G																	
H																	
T	X	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
															0		X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Exam Type 3
Class 2
CARIES as noted
No defects noted

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.014		46. CHEST X-RAY (Place, date, film number and result) 27342-66 - See Report	
B. ALBUMIN neg	D. MICROSCOPIC Ess. neg		
C. SUGAR neg	48. EKG 42	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) neg JAN 1967	50. OTHER TESTS		

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72		52. WEIGHT 132		53. COLOR HAIR BROWN		54. COLOR EYES BLUE		55. BUILD: (Check one) <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.6											
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)															
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER											
SYS. 120 DIAS. 80		SYS. DIAS.		SYS. DIAS.		76															
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION													
RIGHT 20/ 40		CORR. TO 20/ 20		BY lens		S.		CX		CORR. TO .62m BY lens											
LEFT 20/ 50		CORR. TO 20/		BY		S.		CX		CORR. TO .62m BY lens											
62. HETEROPHORIA (Specify distance)																					
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT											
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)													
RIGHT		LEFT		PIP 15/14				UNCORRECTED													
								CORRECTED													
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST													
69. INTRAOCULAR TENSION																					
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
RIGHT WV		/15 SV		/15		250 268		500 612		1000 1024		2000 2048		3000 2896		4000 4096		6000 6144		8000 8192	
LEFT WV		/15 SV		/15		RIGHT		LEFT													

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	
B. PHYSICAL CATEGORY						
A	B	C	E			

77. EXAMINEE (Check)

- A. IS QUALIFIED FOR
 B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

M. M. DRISKELL CAPT (MC) USN

M. M. Driskell

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

Asst. Director

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

FBI

T-17

FELT, W. Mark

AGE	SEX	(Check one)
53	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

72" 174

(Above space for mechanical imprinting, if used)

12-1-66

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

27342-66


DATE OF REPORT

1 Dec 66

RADIOGRAPHIC REPORT

A single PA projection of the chest shows the lung fields to be fully expanded and free of active disease. Calcifications are seen in the left hilar region. The heart, mediastinum, great vessels and visualized osseous structures are normal.

IMP: No active disease.



XXXXXX



24120-65

J. E. LITTLE, LT MC USN

tec

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

REPORT OF MEDICAL HISTORY

F.B.I.

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME: **FELT, W. MARK**
 2. GRADE AND COMPONENT OR POSITION: **Ass't. Director**
 3. IDENTIFICATION NO.:
 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State):
 5. PURPOSE OF EXAMINATION: **ANNUAL PHX.**
 6. DATE OF EXAMINATION:
 7. SEX: **M**
 8. RACE:
 9. TOTAL YEARS GOVERNMENT SERVICE:
 10. AGENCY:
 11. ORGANIZATION UNIT:
 12. DATE OF BIRTH: **8-17-13**
 13. PLACE OF BIRTH: **TWIN FALLS IDAHO**
 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN:
 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS:
 16. OTHER INFORMATION:

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE		(Check each item)	RELATION(S)
					YES	NO		
FATHER			MESOTERIC TUBERCULOSIS	88		<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	87	GOOD				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	51	EXCELLENT				<input checked="" type="checkbox"/>	HAD DIABETES	MOTHER
BROTHERS						<input checked="" type="checkbox"/>	HAD CANCER	MOTHER
AND						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	FATHER
CHILDREN						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE/ HERNIA	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		COLOR-BLINDNESS	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VD—SYPHILIS, GONORRHEA, ETC.	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		HEARING LOSS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		HISTORY OF BROKEN BONES	<input checked="" type="checkbox"/>		RECURRENT BACK PAIN	<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS
<input checked="" type="checkbox"/>		HISTORY OF HEAD INJURY									
<input checked="" type="checkbox"/>		SKIN DISEASES									

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES—CONTACT LENS	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BIT EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—
 BEEN PREGNANT
 HAD A VAGINAL DISCHARGE
 BEEN TREATED FOR A FEMALE DISORDER
 HAD PAINFUL MENSTRUATION
 HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:
 AGE AT ONSET OF MENSTRUATION
 INTERVAL BETWEEN PERIODS
 DURATION OF PERIODS
 DATE OF LAST PERIOD
 QUANTITY: NORMAL EXCESSIVE SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? **1**

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS **298**

25. WHAT IS YOUR USUAL OCCUPATION? **FBI AGENT**

26. ARE YOU (Check one)
 RIGHT HANDED LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
✓		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
✓		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
✓		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
✓		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
✓		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

31. A SINUS OPERATION 1928
DR. JONES - BOISE IDAHO

B. HERNIADOMAHY 1948
DR. MACMANNON
SWEDISH HOSPITAL
SEATTLE WA

C. BIASY 1950
SAME AS B.



b6
b7c

34. SINUS INFECTION
DR. R.A. SOLTANI
10721 MAIN
FAIRFAX, VA

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE: W. MARK FEZT SIGNATURE: [Signature]

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: _____ DATE: _____ SIGNATURE: _____

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee Felt, W. M.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-27627-275

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is small medium large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6. Under proper medical supervision, examinee should lose _____ pounds
 gain _____ pounds

REC'D - ADMIN. DIV.
 FBI
 Dec 21 2 22 PM '66

Remarks: _____

M. M. Linder, M.D.
 (Signature of Medical Examiner)

Dec 1, 1966
 (Date)

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 9/21/66

I certify that I have received returned the following Government property for official use:

Companion Brief Case ✓

FILE
3/sem

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature) W. Mark Felt

(Typed name) W. Mark Felt

NOT RECORDED
67-NOT RECORDED
136 5 SEP 26 1966

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-9-66

I certify that I have received returned the following Government property for official use:

D. C. Official Parking Permit #1926 ✓
expires 6-30-67

RETURNED

D. C. Official Parking Permit #2926
expires 6-30-66

*detached
6-17-66
FEL*

*FILE
3/1/66
FEL*

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT P:
4 JUN 20 1966
159

Very truly yours,

(Signature)

W. Mark Felt

(Typed name)

W. Mark Felt

67-276576-376

WILLIAM MARK FELT IN THIS FILE SKIPPED DURING
SERIALIZATION.

2-20-67

#143

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : MR. TOLSON

DATE: October 10, 1966

FROM : W. M. FELT

OCT 14 1966

511-46-0048

SUBJECT: REQUEST FOR ANNUAL LEAVE

W. M. Felt
Agreement
Stat Section

I am planning to complete the Los Angeles inspection no later than Friday, October 14, 1966, and the staff will return to Washington on that date.

For some time I have been planning to escort my Mother and her sister, both in their middle 80's, from Twin Falls, Idaho, to Dallas, Texas, where they will live

[Redacted]

b6
b7C

I would like to stop by Idaho on my return for this purpose. It is necessary to complete the move before cold weather sets in. I could accomplish this by handling necessary arrangements in Twin Falls on the 17th of October and travelling on the 18th of October, returning to Washington the same date and reporting for work on Wednesday, October 19.

There would be no delay in the preparation of the inspection report on the Los Angeles Office inasmuch as on Monday and Tuesday next week the staff would be preparing the preliminary paper.

Accordingly, annual leave is requested for October 17 and 18 next. If approved, itinerary will be submitted.

1 - Mr. Callahan (Att: Leave Unit)

WMF:wmj (3)

REC-141

216576-379
 7 OCT 18 1966
gmc

*noted
10-13-66
mm*

OK
 XEROX COPY MADE IN
 YOUCHER-STAT. SECTION

*Mr Felt
 telephonically
 advised
 10/10/66
 wmf*

8V

OCT 20 1966

3/

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Wick	_____
Casper	_____
Callahan	<input checked="" type="checkbox"/>
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : Mr. Mohr

DATE: 11-18-66

FROM : Mr. Callahan *[Signature]*

SUBJECT: *W* W. MARK FELT
 Assistant Director
 Inspection Division
 SERVICE AWARD LETTER
 25th Anniversary 1-26-67

There is attached for the Director's signature a suggested letter to Mr. Felt on the occasion of his 25th Anniversary of Bureau service on 1-26-67.

The Director may desire to present Mr. Felt's letter and Key personally on January 26, 1967.

*Mr. Felt advised
2/23/66*

[Handwritten signature]
Yes
[Handwritten signature]

Enclosure
 1 - Miss Holmes (Sent Direct)
 LDH:jhb
 (3)
LDH/AP jhb

67-276576-378	
Searched	Numbered
3 JAN 26 1967	
46	

REC-147

Vertical stamp: 31 JAN 1967

31 JAN 30 1967 *(79)*

[Handwritten initials]

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 10-24-66

I certify that I have received returned the following Government property for official use:

Companion Brief Case ✓

FILE
31 cm

Very truly yours, _____

READ
The Government property which you hereby acknowledge is, charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Signature) W. Mark Felt

(Typed name) W. Mark Felt

NOT RECORDED
5 OCT 23 1966



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>10-1-66</u>	<u>INSPECTION</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY P. FELT</u>	<u>WIFE</u>

Address
<u>3216 WYNFORD DRIVE FAIRFAX, VA.</u>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address
[Redacted]

b6
b7C

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment of ...
Special Agents Insurance Fund

OCT 11 1966

J. Edgar Hoover, Director

[Signature]
Special Agent

January 26, 1967

PERSONAL

NOV 27 9 14 AM '67
FBI
REC'D-READING ROOM

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

Today is your Twenty-fifth Anniversary of dedicated service with the FBI. To participate in your celebration of this notable occasion, I wish to present this Twenty-five-Year Service Award Key and to extend my warmest congratulations.

You have witnessed the growth of the Bureau to its present position of pre-eminence. At the same time you have progressed through its ranks and now hold an important position of leadership. I fully realize the significance of the conscientious devotion to duty, hard work and frequent personal sacrifices which your years of service represent. The loyalty, sincerity and efficiency with which you have performed your many and various duties are indeed commendable and I want to express my grateful appreciation to you for a job well done in the best interests of the FBI.

May I take this opportunity to convey my heartfelt thanks for your exceptional and invaluable assistance.

With best wishes and kindest regards,

XEROX
DEC 13 1978

Sincerely,
J. EDGAR HOOVER

67-276576-379
Searched _____ Numbered _____
JAN 26 1967 46

JPH

Enclosure
1 - Miss Holmes (Sent Direct)

LDH:jhb

Based on Memo, 11-18-66,
Callahan - Mohr. LDH:jhb

SENT FROM D. O.
TIME 10:00 AM
DATE 1/26/67
BY presented by the Director

MAIL ROOM TELETYPE UNIT

- Tolson _____
- DeLoach _____
- Mohr _____
- Wick _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

Reddy

LDH/jp

JAN 3 1967
(79)

(Handwritten initials)

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 1-27-67

I certify that I have received ~~xxx~~ returned the following Government property for official use:

Agent Brief Case ✓

note to Bureau

FILE
31 FEB 5 1967

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature) *William Felt*

(Typed name) W. Mark Felt

53

JAN 28 1967

UNITED STATES GOVERNMENT

Memorandum

WMA

Mr. Tolson	✓
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Wick	✓
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	✓
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

TO : Director, FBI

FROM : *WMA* SAC, Butte

SUBJECT: ASSISTANT DIRECTOR W. MARK FELT
25th ANNIVERSARY

DATE: 2/8/67

Attached is an article which appeared in the Twin Falls Times-News, Twin Falls, Idaho, daily newspaper, on 2/5/67 in connection with Assistant Director FELT's 25th anniversary with the Bureau.

2-Bureau (Encs. 2)
1-Butte

WMA:iap
(3)

REC-3-AICK
FBI

EXP. PROC.

67-276576-380

Searched	Indexed
2	32

FEB 17 1967

REC-140

FEB 18 1967

2 ENCLOSURE

CRIME RESEARCH



FEB 21 1967 91

(Mount Clipping in Space Below)

Former T.F. Man Honored For 25 Years With FBI

W. Mark Felt, a native of Twin Falls, has been honored in Washington, D.C., for 25 years service with the Federal Bureau of Investigation.

The son of Mrs. Rosa Felt and the late Earl M. Felt, he was born Aug. 17, 1913, in Twin Falls, attended school here and later attended the University of Idaho where he received a bachelor of arts degree in 1935.

Mr. Felt worked as a senatorial administrative assistant in Washington, D.C., while continuing his education at George Washington University Law School. Admitted to practice before the U.S. Supreme Court, he worked with the Federal Trade Commission as an attorney for some time. In January, 1942, Mr. Felt joined the FBI as a special agent and subsequently served the agency in Houston and San Antonio, Tex., and Seattle, Wash.

Mr. Felt was assistant special agent in charge in New Orleans, La., and held a similar position in Los Angeles. In August, 1956, he was transferred to Salt Lake City as agent in charge.

In September, 1962, after serving as special agent in charge of the Kansas City Office, he returned to FBI headquarters in Washington, D.C.

Here Mr. Felt was assigned to the number one man in the training division. In November, 1964, he became inspector in charge of the Inspection Division and in March of 1965 was assigned as assistant director in charge of this division.

Mr. Felt is married and the father of two children.



W. MARK FELT
... former Twin Falls resident, has been honored for 25 years' service with the FBI. He is assigned to the Washington, D.C. headquarters

(Indicate page, name of newspaper, city and state.)

Times-News daily

Twin Falls, Idaho

2-5-67

Page 12, cols 2, 3

Date: 2-8-67

Edition: Final

Author: BONNIE BAIRD

Editor: GUS KELKER

Title:

Character:

or

Classification:

Submitting Office: Butte

3-20-67

PLAINTEXT

TELEGRAM

URGENT

MR. W. MARK FELT
DELIVER BY MESSENGER
C/O [redacted]

[redacted]

b6
b7C

MERE WORDS ARE INADEQUATE TO EXPRESS MY
DEEP SYMPATHY FOR YOUR FAMILY AND YOU ON THE PASSING OF
YOUR MOTHER, BUT I DO HOPE THAT YOU WILL DERIVE A MEASURE
OF SOLACE FROM KNOWING THAT THE UNDERSTANDING THOUGHTS
OF YOUR MANY FRIENDS IN THE BUREAU ARE WITH YOU IN YOUR
BEREAVEMENT.

JOHN EDGAR HOOVER

PDS
(3)

REC-141

107-276576-3811
SEARCHED
10
22

[redacted] telephonically advised the Leave Office 3-20-67 that Mr. Felt's
mother died 3-19-67 and he is leaving at noon today for the above address.
The funeral will be in Twin Falls, Idaho, on Wednesday or Thursday.

b6
b7C

- Tolson _____
- DeLoach _____
- Mohr _____
- Wick _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAR 21 1967

INITIALED
TELETYPE UNIT
DIRECTOR'S OFFICE

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION
MAR 20 1967
WESTERN UNION

[Handwritten signatures and initials: JFM, JRM, mcf, etc.]

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Wick	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : MR. TOLSON

DATE: March 20, 1967

FROM : W. M. FELT *Wmf*

SUBJECT: ASSISTANT DIRECTOR W. MARK FELT
DEATH OF MOTHER

Wmf

Wmf

Wmf

Wmf

This is to advise that my mother, Mrs. Rose D. Felt, died early Sunday morning, 3/19/67, at Dallas, Texas. The funeral will be in Twin Falls, Idaho, on Wednesday or Thursday of this week. All arrangements are being made by the White Mortuary in Twin Falls.



b6
b7C

b6
b7C

I will depart Washington about noon, 3/20/67, for Dallas, Texas. While in Dallas I can be reached c/o [redacted]

[redacted] I will depart Dallas sometime on Tuesday, 3/21/67, for Twin Falls, where I can be reached c/o the Resident Agency. I will remain in Twin Falls to handle business matters relating to the estate, and plan to return to Washington no later than Sunday, 3/26/67.

Telegram sent

3-20-67

Wmf

REC-131

67-276576-382

41

1 - Mr. Callahan
1 - Mr. Mohr

WMF:wmj
(4)

Wmf

7 MAR 23 1967 76

W. MARK FELT

March 27, 1967

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

My family and I want to let you know how much we appreciated your personal telegram of condolence and the beautiful spray of white roses and yellow chrysanthemums which the Bureau sent to my mother's funeral at Twin Falls last week.

Your kindness is sincerely appreciated by all of us.

Sincerely,

W. Mark Felt

*Telegram sent
3-20-67
mz*

REC-131

67-276576-383	
Searched	Numbered
10 MAR 29 1967	

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. DeLoach	<input checked="" type="checkbox"/>
Mr. Mohr	<input checked="" type="checkbox"/>
Mr. Wick	<input checked="" type="checkbox"/>
Mr. Casper	<input checked="" type="checkbox"/>
Mr. Callahan	<input checked="" type="checkbox"/>
Mr. Conrad	<input checked="" type="checkbox"/>
Mr. Felt	<input checked="" type="checkbox"/>
Mr. Gale	<input checked="" type="checkbox"/>
Mr. Rosen	<input checked="" type="checkbox"/>
Mr. Sullivan	<input checked="" type="checkbox"/>
Mr. Tavel	<input checked="" type="checkbox"/>
Mr. Trotter	<input checked="" type="checkbox"/>
Tele. Room	<input checked="" type="checkbox"/>
Miss Holmes	<input checked="" type="checkbox"/>
Miss Gandy	<input checked="" type="checkbox"/>

*JDA
Felt
my Foley
mz*

10 APR 3 1967 131

*3
mz*



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>2-17-67</u>	<u>INSPECTION</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>

Address
<u>3216 WYNFORD DR FAIRFAX, VIRGINIA</u>

Relationship	b6 b7c
[Redacted]	

Do you desire to designate the above-listed/beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>SAME</u>	

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>SAME</u>	

Address

Payment Received
Special Agents Insurance Fund

MAR 13 1967 28

J. Edgar Hoover, Director

Very truly yours,

[Signature]
Special Agent

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1966 to MARCH 31, 1967

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Clyde A. Tolson Associate Director 4/3/67
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/3/67
Signature Title Date

TYPE OF REPORT

- Official
- Annual

REC-144

67-276576-384	
Searched	Numbered
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 60-Day	APR 11 1967
<input type="checkbox"/> 90-Day	
<input type="checkbox"/> Transfer	
<input type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

~~_____~~ XEROX
DEC 13 1978

4 1 APR 13 1967

3/11

**W. MARK FELT
ASSISTANT DIRECTOR
INSPECTION DIVISION**

In his capacity as Assistant Director in charge of the Inspection Division, Mr. Felt has continued his superior performance and merits the rating of Outstanding for the period April 1, 1966, to March 31, 1967.

Mr. Felt is responsible for the conduct of inspections of the Bureau's fifty-seven field offices, ten Seat of Government divisions and any foreign installations and has centralized control of all inspection matters. In this specialized field his services have been unique. His boundless enthusiasm, unusual drive and determination, as well as his vast, intimate knowledge of Bureau rules, operations and procedures, have contributed immensely to his superb performance and to his value to the Bureau. He has been alert to detect any delinquencies in field operations and has been prompt to initiate corrections, new methods or the implementation of existing programs.

He possesses an affable personality and exceptional enthusiasm which have materially enhanced the effectiveness of his contacts with individuals in all walks of life, as well as with high Government officials. He is a capable administrator and top-level executive who provides the vigorous leadership necessary to obtain maximum results in matters under his jurisdiction. His performance has been highlighted by his unquestioned interest, loyalty and tireless devotion to duty.

Mr. Felt has performed in every respect in a superior manner and has played a vital role in the continued efficient discharge of the Bureau's ever-increasing responsibilities. A rating of Outstanding is clearly merited.

XEROX
DEC 13 1978

UNITED STATES GOVERNMENT

Memorandum

APM

WPM

- Tolson _____
- DeLoach _____
- Mohr _____
- Wick _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

TO : The Director

DATE: 3-31-67

FROM : Mr. Tolson

SUBJECT: W. MARK FELT
Assistant Director
Inspection Division

OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1966, to March 31, 1967. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Thereafter, it must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Felt and upon approval by the Departmental Committee on Incentive Awards, he be furnished a copy of his rating and approved for a cash award of \$500.

done

LDH

Det + sent Dept 4/21/67

Approved by Dept 4/10/67

Return letter

APM

Enclosures
LDH:jap
(2)

✓ *102*

67-2176576-385

Searched _____ Numbered _____

9 APR 11 1967

39

3/1 pm

W. MARK FELT

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. DeLoach	<input checked="" type="checkbox"/>
Mr. Mohr	<input checked="" type="checkbox"/>
Mr. Wick	<input checked="" type="checkbox"/>
Mr. Casper	<input checked="" type="checkbox"/>
Mr. Callahan	<input checked="" type="checkbox"/>
Mr. Conrad	<input type="checkbox"/>
Mr. Felt	<input checked="" type="checkbox"/>
Mr. Gale	<input type="checkbox"/>
Mr. Rosen	<input type="checkbox"/>
Mr. Sullivan	<input type="checkbox"/>
Mr. Tavel	<input type="checkbox"/>
Mr. Trotter	<input type="checkbox"/>
Tele. Room	<input type="checkbox"/> b6
Miss Holmes	<input type="checkbox"/> b7C
Miss Gandy	<input type="checkbox"/>

April 11, 1967

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

This is to express my sincere appreciation for your letter of 4/10/67 advising that I have been given an Outstanding Performance Rating for the period April 1, 1966, to March 31, 1967. The very favorable comments in the rating are a challenge to me to try even harder during the years ahead.

Also greatly appreciated is the very generous incentive award which accompanied your letter.

Working under your inspired direction in this splendid organization is a tremendous satisfaction to me. I want you to know that my enthusiastic and maximum output is available to you in any capacity for so long as you desire.

Thank you again.

Sincerely,

W. Mark Felt

REC-134

67-276576-386	
Searched	Numbered 54
7 APR 12 1967	

APR 17 1967 75

Felt

REC-144

April 10, 1967

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I am pleased to advise that you have been afforded an Outstanding performance rating for the period April 1, 1966, to March 31, 1967, which has been approved by the Departmental Committee on Incentive Awards. A copy of this rating, which you may retain, is enclosed.

It is a pleasure to also inform you that in recognition of your continued superior services I have approved an incentive award for you in the amount of \$500.00 and the enclosed check represents this award. Your loyalty and dedication to the FBI have been noteworthy and you should entertain a feeling of pride in your accomplishments during the past year. I am deeply appreciative.

Sincerely,

J. Edgar Hoover

XEROX
DEC 13 1978

MAILED 19
APR 11 1967
COMM-FBI

Enclosures (2)

1 - [] (Sent Direct)

LRH:bcs
(4)

Award #734-67
Salutation per file.

Based on memo Mr. Tolson-The Director 3/31/67.

- Tolson _____
- DeLoach _____
- Mohr _____
- Wick _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAIL ROOM TELETYPE UNIT

b6
b7C

Lab

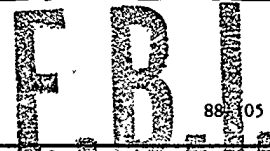
LRH

LRH/bcs

[Handwritten signatures]

APR 12 1967

REPORT OF MEDICAL EXAMINATION



1. LAST NAME—FIRST NAME—MIDDLE NAME FELT, W. Mark			2. GRADE AND COMPONENT OR POSITION Asst. Director		3. IDENTIFICATION NO. 5-32-73	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11-21-67	
7. SEX Male	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8-17-13		13. PLACE OF BIRTH Twin Falls, Idaho		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#29. Soft 4th sound at apex and LLSB. *ofbc*

#32. Prostate and rectum normal. *copy 12/17/67*

#40. Small 4 X 4^{mm} sl. red raised chronic granuloma rt. posterior upper arm NCD. No therapy needed.

#46. PA CHEST FILM of 21 NOV: Normal chest. Minimal S-shaped scoliosis of the thoracic spine is present.
/s/ J.W. MEIGHAN
LCDR MC USN

#50. CBC - WNL
Electrolytes - WNL
BUN - 20
FBS - 116
Uric Acid - 6.9
Cholesterol - 251
2hr PP BS - 92

#24. Bilateral arcus senilis.

ENCLOSURE *1 att*

REC-144 67-276576-387/3
Searched _____ Numbered _____
5 DEC 8 1967
(Continue in item 73) *32 WJ*

Not being routed for Retel as Dr. Fox sent Mr. Felt a copy of report. Rem per WBH

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth /—Nonrestorable teeth								X—Missing teeth XXX—Replaced by dentures				(6 X 8)—Fixed bridge, brackets to include abutments					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	X																
G																	
H	X																
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Exam Type 111
Class 2
Carries as noted

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.021		46. CHEST X-RAY (Place, date, film number and result) 27342 See Notes Above	
B. ALBUMIN Neg	D. MICROSCOPIC Ess Neg		
C. SUGAR Neg	47. SEROLOGY (Specify test used and results) VDRL * NONREACTIVE	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR
		50. OTHER TESTS See Notes Above	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72"	52. WEIGHT 179	53. COLOR HAIR Gr. Blonde	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
--------------------------	--------------------------	-------------------------------------	-------------------------------	--	-----------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 130	B. RECUMBENT	SYS.	C. STANDING (3 min.)	SYS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 80		DIAS.		DIAS.					

59. DISTANT VISION			60. REFRACTION			61. NEAR VISION		
RIGHT 20/	40	CORR. TO 20/	20	BY	Lens	S.	OX	
LEFT 20/	25	CORR. TO 20/	20	BY	Lens	S.	-OX-	
						Blurred CORR. TO .50 M. BY Lens CORR. TO .25 M. BY		

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
-----	-----	-------	-------	------------	----------------	----	----

63. ACCOMMODATION		64. COLOR VISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED
RIGHT	LEFT	PIP 15/16					CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
---------------------	--	-------------------	-------------------------

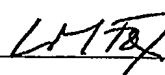
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV	15	/15 SV	15	/15	250	500	1000	2000	3000	4000	6000			8000
					266	512	1024	2048	2896	4096	6144			8192
LEFT WV		/15 SV		/15	RIGHT									
					LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR	B. PHYSICAL CATEGORY					
	A	B	C	E		
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						

79. TYPED OR PRINTED NAME OF PHYSICIAN L.M. FOX CAPT., MC USN	SIGNATURE 
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE
	NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee FELT, W. Mark
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No

If recommendation is based on a factor other than above standard, indicate basis _____

67-2712576-387

Desirable Weight Ranges for Males


Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is small medium large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient

6. Under proper medical supervision, employee should lose _____ pounds
 gain _____ pounds

Remarks: _____



 Signature of Medical Examiner

21 Nov 67

 Date

MR. TOLSON

9-20-67

W. S. TAVEL

INSPECTION - INSPECTION DIVISION
ASSISTANT DIRECTOR W. S. TAVEL
SEPTEMBER 11-18, 1967

SUMMARY

Officials: Assistant Director W. Mark Felt in charge of Division since 12-14-64; former Inspector H. Lynn Edwards Number One Man 9-26-62 to 3-20-67; Inspector L. M. Walters Number One Man since 3-20-67. Last inspection 9/20-28/65.

Physical Condition and Maintenance - Excellent (last inspection - Excellent). Space consists of 7 rooms on one side of corridor in Justice Building. Adequate, secure, well organized on functional basis, and maintained in generally excellent condition. Minor housekeeping delinquencies corrected. Maintenance and disposal of highly confidential inspection material receiving appropriate security; personal property spot check satisfactory.

Division Operations - Very Good (last inspection - Very Good). Inspections reviewed appeared penetrative, ratings equitable, undesirable trends detected and corrective instructions issued, and valuable suggestions made. Division has made numerous improvements in inspection procedures. 52 inspections completed since 1-1-67 (increase of 5 over similar period 1966); 5 in progress (increase of 3); and 25 yet to be done (decrease of 8). All expected to be completed by year's end. Aides constructively occupied while at Seat of Government (SOG) on surveys and other duties. 212 censures and 13 more severe actions resulted from 1967 inspections compared with 193 censures and 63 more severe actions for similar period 1966 (46 of 63 had resulted from gross difficulties in 1966 inspections of New York, Knoxville, and Cleveland). Economy of travel and manpower carefully considered in scheduling inspections but man-days in 29 inspections in 1967 totaled 2800, 173 increase over same inspections in 1966, mostly attributable to anonymous letters and special problems in 4 inspections. Parallel increase in per diem and travel. To reduce man-days, Inspector instructed brevity of paper work be considered as rating factor; existing procedure be extended to permit Number One Man and Aide, near end of one inspection, to depart for next office, start new inspection and submit inquiries, insuring replies ready on arrival of remaining staff; also suggested major surveys be studied with interested SOG divisions to reduce collection of voluminous data from SAC

Enclosure

1-Mr. Callahan (Attention: Mr. J. B. Adams) (detached)

①-Personnel file of W. Mark Felt

1-Personnel file of Leonard M. Walters

WST:jmr

(5)

IP CONTINUED - OVER

Memo to Mr. Tolson from W. S. Tavel
Re: Inspection - Inspection Division

during inspection that is or could be made available otherwise to such divisions, with emphasis during inspection on matters which can only be checked locally. Also instructed Inspection Staff to be alert for cases meriting commendation and matters of instructional value be referred to Training Division. Savings for 1967 inspections \$802,108.88, slight decrease from similar period 1966 but substantially more than 1965.

Administrative Operations - Very Good (last inspection - Very Good). Since last inspection, supervisory structure improved with Number One Man devoting full time to inspection matters; both he and Assistant Director reviewing reports, conducting some inspections, and spot-checking others in field. Working guide, personnel folders, periodic written instructions by Assistant Director all current and adequate. 3 minor changes suggested in Inspectors' Manuals. Registers, Time and Attendance cards and leave records, Division forms, Defense Plans, card index on active Aides checked and no significant errors noted. Inspection Staff familiarized with automatic data processing and alert to possible applications, with several having been suggested both in inspection procedures and other Bureau operations. Increase in submission of human interest items in 1967 but decrease in articles for FBI Law Enforcement Bulletin; corrective action ordered. Instructed Inspectors to be required to spot-check file reviews of Aides and necessity for Inspectors' Aide classes for SOG supervisors be considered quarterly.

Personnel Matters - Excellent (last inspection - Excellent). Training program effective. Arrangements in effect to insure Aides receive administrative firearms. Current staff of 33 Aides (including Assistant Director and Number One Man) and 3 clerks considered adequate but not excessive. Morale appears excellent; voluntary overtime appears necessary, productive, and equitably shared. 100% FBIRA membership. Increase in submissions for "The Investigator." Physical examinations current. Availability check satisfactory. No work-related injuries in 1967. Commendations and Incentive Awards to Division personnel decreased slightly in 1967 from similar period in 1966; recommended Division be alert to recommend deserving cases. Desirable decrease in administrative action against Division personnel noted in 1967. Position classification matters satisfactory.

Contacts - Excellent (last inspection - Very Good). Although Division has no specific responsibility for liaison with outside agencies, very substantial increase in contacts of Assistant Director and Number One Man since last inspection. Contact boxes current and properly maintained. Instructions issued to remind Inspectors and Aides to continue to be alert during course of inspections to renew old contacts and to take advantage of opportunity to develop new ones.

Memo to Mr. Tolson from W. S. Tavel
Re: Inspection - Inspection Division

RECOMMENDATIONS:

(1) Assistant Director W. Mark Felt, EOD 1-26-42, GS-18 @ \$25,890, nonveteran, not on probation, in charge of Division since 12-14-64. Felt makes exceptionally fine appearance, speaks well, has friendly personality, and directs Division in firm manner. Particularly alert to make changes and improvements to keep approach in inspections fresh and economy and efficiency at peak. Intelligent, hard worker, and sets high standards. Continue in present assignment. If approved, attached letter will advise him of inspection findings.

(2) Inspector Leonard M. Walters, Number One Man of Division since 3-20-67, EOD 6-15-42, GS-16 @ \$20,745, nonveteran, not on probation. Walters has taken hold of new duties well, works closely with Assistant Director, is mature and intelligent with calm judgment and analytical mind, firm, penetrative and imaginative approach. Ideally suited to present assignment by temperament and qualifications. Continue in present assignment.

September 21, 1967

PERSONAL ATTENTION

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Felt:

I have reviewed the report of the inspection of the Inspection Division just completed, and have approved the following ratings of your operations: Specific Division Operations and Administrative Operations - Very Good; Physical Condition and Maintenance, Personnel Matters, and Contacts - Excellent.

Your space is well arranged, adequate, and generally in excellent condition, and adequate security is being afforded to the maintenance and disposal of confidential inspection material.

I was pleased to know that inspections are thorough, penetrative, fairly rated, and that undesirable trends are being detected and corrected and disciplinary action recommended where warranted. I was also pleased that Inspectors have made valuable suggestions for improving field operations, and that you have been alert to improve inspection procedures to keep their approach fresh.

It is encouraging to know that more inspections have been conducted so far this year than at this time in 1966. Insure that all offices are inspected by the end of this year. The increase in man-days spent and in travel and per diem costs is, however, an undesirable trend. Although you have attributed this partially to special conditions found in several inspections, you must exert every effort to decrease the manpower expended and costs involved without reducing the effectiveness of inspections. Brevity and responsiveness of paper work should definitely be considered as a

1-Mr. Callahan (Attention: Mr. J. B. Adams)(With Enclosure)

1-SOG Inspection File of Inspection Division

① Personnel file of W. Mark Felt

WST:jmr

(5)

(SEE NOTE PAGE 3)

XEROX
DEC 13 1978
DUPLICATE YELLOW

Mr. W. Mark Felt

factor in rating both divisions under inspection and members of the Inspection Staff. You should, where possible on a trial basis, extend your present procedure to permit part of the squad to depart near the end of an inspection, start the next inspection, and submit necessary inquiries in order that replies may be ready on arrival of the remainder of the squad. This could save time and manpower. Carefully study the major surveys now made, together with the interested divisions, and compile necessary figures on manpower costs and productivity to determine whether the voluminous data now requested of an office during inspections could be reduced or compiled in some other manner so as to be available to Seat of Government divisions. This should minimize inspection paper work, save time, and permit Inspectors to concentrate on those checks which can only be made locally. Inspectors must be more alert to detect instances warranting commendation and insure that material of instructional value is referred to the Training Division.

Your working guide and other instructions were found generally current, but the minor changes noted in the Inspectors' Manuals should be made. I am glad the Inspection Staff has been alert to suggest applications for automatic data processing, but they should also submit additional suggestions for Law Enforcement Bulletin articles. Inspectors should also be required to spot check a representative number of files previously reviewed by their staff.

Your training program has been described as effective, and your staff of three clerical employees and 33 Agents is adequate but not excessive. Morale appears excellent.

Although your Division has no specific responsibility for liaison with outside agencies, I was pleased that you have substantially increased the number of your personal contacts. All members of your staff must always seize every opportunity in their travels to develop friendships with those who can assist the Bureau.

XEROX
DEC 13 1978

Mr. W. Mark Felt

You and your Number One Man should carefully review the inspection papers left with you and advise your staff of their contents. Advise Mr. Tolson promptly of action you are taking to comply with the suggestions and instructions issued by the Inspector.

Sincerely yours,

**John Edgar Hoover
Director**

(NOTE: cover memo from W. S. Tavel to Mr. Tolson dated 9-20-67 captioned "Inspection - Inspection Division, Assistant Director W. S. Tavel, September 11-18, 1967," prepared by WST:jmr)

**XEROX
DEC 13 1978**



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

6-29-67

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner:

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>W. MARK FELT</i>	<i>6-29-67</i>	<i>10</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<i>AUDREY R. FELT</i>	<i>WIFE</i>
Address <i>3216 WYNFORD DR. FAIRFAX VA 22030</i>	

b6
b7c

Name	
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

W. Mark Felt
Special Agent

Payment Received
Special Agents Insurance Fund

JUL 31 1967

J. Edgar Hoover, Director

601

B-ecd

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-27-67

I certify that I have received returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #4676
(expires 6/30/68)

RETURNED

D. C. OFFICIAL PARKING PERMIT #1926
(expires 6/30/67)

✓ det 19

FILE

3/19

Very truly yours

(Signature) *W. Mark Felt*

(Typed name) W. Mark Felt

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

11 1967



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-23-67</u>	<u>TEN</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>
Address <u>3216 WYNFORD DRIVE FAIRFAX VA 22030</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship

--	--

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

b6
b7c

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 6 1967

J. Edgar Hoover, Director

William Felt
Special Agent

4-331

January 26, 1968

PERSONAL

Dear Felt:

I want to express my personal congratulations as you celebrate your Twenty-sixth Anniversary in the Bureau today. Your efforts have contributed a great deal to the success of the Bureau and I hope the Bureau will continue to benefit from your excellent services for many, many years.

With best regards,

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark ⁰Felt
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. C.
FEB 1 1968
1-26-68
270

Anniversary 1/26 - Friday

JEH:rm (3)
rm

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

REC-140

67-276576-388

Searched _____	Numbered _____
2 JAN 29 1968	

JAN 28 1968 45

MAIL ROOM TELETYPE UNIT

January 10, 1968

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Felt:

I am sorry that you are incapacitated due to illness, and want to express the hope that you are now feeling better.

Your health is most important, and I trust you will take whatever time is needed to make a complete recovery before attempting to return to work.

Sincerely,

J. Edgar Hoover

SLS
(3)

Address obtained from Information.

Assistant Director Felt has been home on sick leave since 1-9-68. (virus)

Lef

MAILED 19
JAN 10 1968
COMM - FBI

*MPC
1/10/68*

*JBA
jac*
*Jay
Jain*

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

NOT RECORDED
10 JAN 11 1968
REC'D - READING ROOM

MAIL ROOM TELETYPE UNIT 3 02 BK 20

man

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Bishop	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

W.P.M.

TO : Mr. Tolson

DATE: 4-1-68

FROM : J. P. Mohr

SUBJECT: *W*
 W. MARK FELT
 Assistant Director
 Inspection Division
 OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1967, to March 31, 1968.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Rating Official and that the Director sign both the original and the copy as the Approving Official. Mr. Felt will then be entitled to a cash incentive award of \$500 as has been approved in the past for Assistant Directors and above.

RECOMMENDATION:

That you, as Rating Official, and the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance rating of Mr. Felt and that he be furnished a copy of his rating and approved for a cash award of \$500.

JPM

✓

67-276576-389	
Searched	Numbered
	78

OK
J

Return dated 4/7/68
REC'd

det. sub
 Enclosures
 LDH:pam
 (2)
JPM
mm

3-11

UNITED STATES GOVERNMENT

Memorandum

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

TO : MR. TOLSON

DATE: March 28, 1968

FROM : W. M. FELT *[Signature]*

SUBJECT: PROPOSED VACATION TRAVEL

[Handwritten signature]
[Handwritten signature]

My vacation is scheduled April 22 through May 3, 1968.
My wife and I would like to visit Mexico during this period.

If this proposed travel is approved, I will submit a detailed
itinerary before departure.

Inspector Walters will be acting in my absence and I have
no commitments during this period.

[Handwritten initials]

[Handwritten checkmark]
[Handwritten initials]

[Handwritten initials]

WMF:wmj
(2)

RECEIVED
 DIVISION
 APR 1 1968


[Handwritten signature]
[Handwritten number]

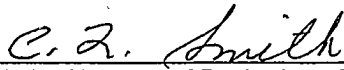
67-NOT RECORDED
 4 APR 1 1968 *[Handwritten mark]*

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) FELT, W. MARK		Date 3-29-68
	Division and Section Assigned INSPECTION		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
	Permit Issued By: (State, Territory Possession, District) VIRGINIA	Permit Number POS 443 74744-845381	Permit Expires 8-31-68
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.			
This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately 39,000 miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.			
* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.			 Signature of Operator

TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:	
	<input checked="" type="checkbox"/> Continuous safe driving record	
	<input type="checkbox"/> Involved in traffic accident and found at fault**	
	I certify that this employee is:	
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business	
<input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
Remarks:		
<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46		
3/29/68		
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> 67 NOT RECORDED <small>* "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee. APR 2 1968 (Over for Operator's Road Test Score Sheet)</small> </div> <div style="text-align: right;">  Official Signature of Reviewing Official Title SPECIAL AGENT Date 4-1-68 </div> </div>		

RESULTS OF ROAD TEST

Vehicle Used in Test				Local of Test	
Make	Body Type	Year		City	State
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature	
Instructions to Examiner Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				Total Error Points	TEST SCORE
PASSING GRADE: Total Score of 25 Points or Less FAILING GRADE: Total Score of 26 Points or More Note Results in Box at Right of Instruction Block				Pass <input type="checkbox"/>	
				Fail <input type="checkbox"/>	
Check List					
1. Checking Vehicle			2. Leaving Curb		
Fails to: <input type="checkbox"/> Adjust Rear-view Mirror			Fails to: <input type="checkbox"/> Look Back to Check Traffic		
<input type="checkbox"/> Adjust Seat Properly			<input type="checkbox"/> Give Proper Signal (Mechanical or Hand)		
<input type="checkbox"/> Check Effectiveness of Hand & Foot Brake			<input type="checkbox"/> Wait for Approaching Traffic		
<input type="checkbox"/> Check Windshield Wipers # of Points					
<input type="checkbox"/> Check Horn and All Lights					
3. Turning			4. Backing		
Fails to: <input type="checkbox"/> Give Proper Signal (Mechanical or Hand)			Fails to: <input type="checkbox"/> Observe Surrounding Conditions		
<input type="checkbox"/> Turn Carefully From Proper Lane			<input type="checkbox"/> Back Slowly and Smoothly and Avoid Excessive Curb Contact		
5. Controls			6. Speed		
Fails to: <input type="checkbox"/> Handle Vehicle Smoothly			<input type="checkbox"/> Exceeds Limit		
<input type="checkbox"/> Keep Both Hands on Wheel			<input type="checkbox"/> Too Slow for Traffic Conditions		
<input type="checkbox"/> Smoothly Engage Shifting Mechanism			<input type="checkbox"/> Too Fast for Traffic Conditions		
<input type="checkbox"/> Use Brakes Properly					
7. Position on Roadway			8. Overtaking - Passing		
<input type="checkbox"/> Follows too Closely			<input type="checkbox"/> Misjudges Speed of Oncoming Traffic		
<input type="checkbox"/> Fails to Hold Proper Lane			<input type="checkbox"/> Passes in Intersection, on Hill, Curve, etc.		
<input type="checkbox"/> Straddles Lane Markings			<input type="checkbox"/> Cuts in too Soon		
			<input type="checkbox"/> Fails to Signal (Hand, Light, Horn) When Conditions Warrant		
9. Parking			10. Railroad and School Zones		
Fails to: <input type="checkbox"/> Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb			Fails to: <input type="checkbox"/> Obey Signals and Caution Warnings		
<input type="checkbox"/> Set Hand Brake			<input type="checkbox"/> Be Alert for Unusual Conditions		
<input type="checkbox"/> Cramp Wheels Where Necessary					
11. Attention			12. General		
Fails to: <input type="checkbox"/> Anticipate Hazardous Traffic Conditions (Including Pedestrians)			<input type="checkbox"/> Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway		
<input type="checkbox"/> Keep Full Attention on Operation of Car			<input type="checkbox"/> Lack of Caution		
<input type="checkbox"/> Limit Talking to Minimum			<input type="checkbox"/> Timidity or Lack of Assurance Under Normal Driving Conditions		
<input type="checkbox"/> Observe Posted Signs or Signals					

Remarks:

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
FELT	W.	MARK	8-17-13	511 46 0098
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
FBI			WASHINGTON D.C. 20535	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you **WANT BOTH** optional and regular insurance

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

DATE

W. Mark Felts

2-12-68

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 14 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box **C** of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box **B**, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.
 (b) If the employee marked box **A** or box **C**, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:
 Office of Federal Employees' Group Life Insurance
 (Statistical Study)
 4 East 24th Street
 New York, New York 10010
 (c) If the employee marked box **B**, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
 (b) The effective date is determined from the table below.
6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
 (b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
 (c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box **C**), **A** and **B** elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

W. MARK FELT

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

April 2, 1968

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I have just received your letter dated April 2, 1968, advising that you have given me a rating of Outstanding for the period ending March 31, 1968. I am deeply appreciative.

b6
b7c

Also extremely gratifying are the enclosures which came with your letter. Your kind words in the rating and the generous check are doubly appreciated.

Let me say that you may expect my continued maximum efforts to discharge my responsibilities in a manner which will meet your complete approval at all times.

Many, many thanks.

Sincerely,

W. Mark Felt
W. Mark Felt

68
APR 2 1968

REC-141

67- 276 576 - 390
Searched _____
Numbered _____
1 APR 4 1968

9 APR 9 1968
72

3 d/rt

REC-132

April 2, 1968

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I am especially pleased to advise that your services for the period April 1, 1967, to March 31, 1968, have merited an Outstanding performance rating. A copy of this rating is enclosed which you may retain.

It also is my pleasure to advise of my approval of an incentive award of \$500.00 for you in special recognition of your exceptional services and the check which is enclosed represents this award. The superior and dedicated fashion in which you have discharged your responsibilities is deeply appreciated.

MAILED 12
APR 2 1968
COMM-FBI

Sincerely,

J. Edgar Hoover

XEROX

DEC 13 1978

Enclosures (2)

1 - [redacted] (Sent Direct)

LRH:mmh

(4)

67-276576

Award #641-68

Based on memo Mohr-Tolson dated 4/1/68.

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAIL ROOM TELETYPE UNIT

b6
b7c

Handwritten signatures and initials

Handwritten initials

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1967 to MARCH 31, 1968

ADJECTIVE RATING: OUTSTANDING Employee's Initials
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Clyde A. Tolson Associate Director 4/1/68
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/68
Signature Title Date

TYPE OF REPORT

XEROX Official
DEC 13 1978 Annual

- Administrative
- 60-Day
- 90-Day
- Transfer
- Separation from Service
- Special

67-276576-391
Searched _____ Numbered _____
8 ... 4/1/68

APR 1 1968 61

**W. MARK FELT
ASSISTANT DIRECTOR
INSPECTION DIVISION**

During the period April 1, 1967, to March 31, 1968, Mr. Felt's performance has been exceptional and merits the rating of Outstanding.

As Assistant Director, Mr. Felt is responsible for the conduct of inspections of the Bureau's fifty-eight field offices, ten Seat of Government divisions and any foreign installations and has centralized control of all inspection matters. In the supervision and direction of these operations, Mr. Felt has exhibited exemplary judgment at all times and, on a day-to-day basis, has made completely sound decisions in the best interests of the Bureau. He possesses an extensive knowledge of the Bureau's policies, procedures and operations and has consistently displayed outstanding ability to apply this knowledge most astutely to problems encountered. He has been alert in his detection of any deficiencies noted in field operations and has been prompt to initiate corrective action, the implementation of existing programs or new methods of operation.

Mr. Felt presents an unusually fine personal appearance and possesses a most affable and pleasant personality which makes him exceedingly valuable and effective in his personal contacts. He enjoys splendid health and has demonstrated his ability to maintain an energetic pace in the pursuit of his duties. He approaches all assignments with enthusiasm and his highly cooperative attitude is evidenced by his eagerness to handle his full share in meeting the Bureau's ever-increasing responsibilities.

His substantial personal contributions to the efficient handling of our heavy obligations have characterized him as a highly dedicated career employee whose performance justly deserves the rating of Outstanding.

XEROX
DEC 13 1978

SUBJECT:

W. Mark Felt
3216 Wynford Dr.
Fairfax, Va. 22030

May 6, 1968

Personnel Director
Federal Bureau Inc.
10th & Pennsylvania Ave
Washington, D.C.

REC-137

67-276576-392	
Searched 7	Numbered _____
7 MAY 10 1968	
32	

Gentlemen:

The above employee of your firm has applied for a Hilton Hotels credit card. Kindly supply us with as much information as possible, since the amount of credit may be substantial. We understand that any information given is in strict confidence and without liability on the part of the company or its officers.

For your convenience this card may be folded, sealed, and mailed with no postage necessary. Thank you for your cooperation.

Hilton Hotels

CREDIT CARD DEPT.

PLEASE SUPPLY INFORMATION REQUESTED UNDER PROPER HEADINGS BELOW

Social Security Number _____

MONTHLY SALARY:

LENGTH OF EMPLOYMENT:

Under \$500.00

From _____ to _____
(STATE "PRESENT" IF STILL EMPLOYED)

\$500.00 to \$600.00

POSITION: _____

\$600.00 to \$700.00

EXPENSE ACCOUNT: Yes _____ No _____

\$700.00 to \$900.00

PREPARED BY _____ TITLE _____

Over \$900.00

FIRST CLASS
PERMIT NO. 44253
LOS ANGELES, CALIF.

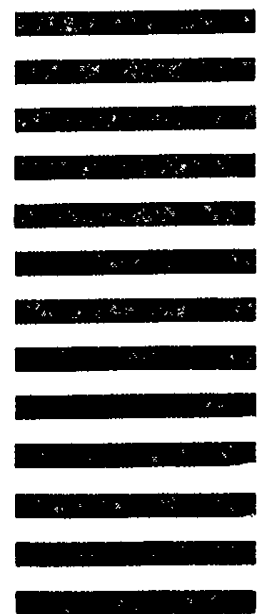
BUSINESS REPLY MAIL
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

POSTAGE WILL BE PAID BY

Hilton Hotels

P. O. Box 54393, Terminal Annex
LOS ANGELES, CALIFORNIA 90054

HH - 13



REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME Felt, W. Mark		2. GRADE AND COMPONENT OR POSITION Assistant Director		3. IDENTIFICATION NO. 5-32-73	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code)		5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 11-27-68	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY	10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8-17-13		13. PLACE OF BIRTH Idaho		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	X
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

34. Small left hydrocele and/or varicocele.

46. PA and Lateral of the Chest - There is considerably less than optimal inspiration. However, no evidence of active disease is seen.

50. CBC - WNL
BUN - 17
Cholesterol - 255.
Uric Acid - 6.6
Creatinine - 1.2
FBS - 110
2hr PP - 118

*copy 0750
12-17-74
my*

67-276576-393
4 JAN 16 1969

ENCLOSURE
*original from REC-132
to Mr. Felt.
WJG 1/16/69*

3/1/69

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth /—Nonrestorable teeth		X—Missing teeth XXX—Replaced by dentures		(6 X 8)—Fixed bridge, brackets to include abutments													
R	X			(X)	X												
I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
H	X																T
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
**Exam Type III
Class I
No defects noted**

45. URINALYSIS: A. SPECIFIC GRAVITY 1.022		46. CHEST X-RAY (Place, date, film number and result) 27342 - See above	
B. ALBUMIN Neg.	D. MICROSCOPIC Ess. Neg.		
C. SUGAR Neg.			
47. SEROLOGY (Specify test used and result) VDRL Non-Reactive	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR B780	50. OTHER TESTS Procto., Urology - See Reports

1 JAN 21 1969

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72 3/4	52. WEIGHT 168	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD (Check one) <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
-----------------------------	--------------------------	-------------------------------	-------------------------------	--	-----------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 136 DIAS. 70	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING	B. AFTER EXERCISE	C. 2-MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						70				

59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/	40	CORR. TO 20/	20	BY	S.	CX		Blurred	CORR. TO	.50 M	BY
LEFT 20/	30	CORR. TO 20/	15	BY	S.	CX			CORR. TO	.50 M	BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
-----	-----	-------	-------	------------	-------------	----	----

63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED
RIGHT	LEFT	PIP 22/24						CORRECTED

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	
---------------------	--	--	--	--	--	-------------------	--	-------------------------	--

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV	15	/15 SV	15	/15															
LEFT WV	15	/15 SV	15	/15	RIGHT														
					LEFT														

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)
 51 - 72 3/4" HGT - 170
 52 - 168 WT - 170
 53 - GRAY HAIR - 170
 54 - BLUE EYES - 170
 55 - HEAVY BUILD - 170
 56 - 98.6 F - 170
 57 - 136/70 BP - 170
 58 - 70 PULSE - 170
 59 - 20/40 R, 20/30 L - 170
 60 - REFRACTION - 170
 61 - BLURRED NEAR VISION - 170
 62 - HETEROPHORIA - 170
 63 - ACCOMMODATION - 170
 64 - PIP 22/24 - 170
 65 - DEPTH PERCEPTION - 170
 66 - FIELD OF VISION - 170
 67 - NIGHT VISION - 170
 68 - RED LENS TEST - 170
 69 - INTRAOCULAR TENSION - 170
 70 - HEARING - 170
 71 - AUDIOMETER - 170
 72 - PSYCHOLOGICAL AND PSYCHOMOTOR - 170

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (Check)

A. IS QUALIFIED FOR SERVICE

B. IS NOT QUALIFIED FOR SERVICE

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

J. W. Lea Capt. MC USNR

SIGNATURE *J. W. Lea*

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST		
TO: <i>Procto Clinic</i>	FROM: (Requesting ward, unit, or activity) <i>7-18</i>	DATE OF REQUEST <i>22 Nov.</i>

REASON FOR REQUEST (Complaints and findings)

*Rectum - annual phys. age 55
 (not done in 15 years)*

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE <i>J.W. Lea</i>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
---------------------------------------	----------	--	--

CONSULTATION REPORT

*No proctoscopic exam in 15 years. Asymptomatic at this time.
 Sigmoid rectal: Good sphincter tone. No masses.
 Anorectum: No fissures, hemorrhoids or masses.
 Sigmoidoscopy: Sigmoidoscopy advanced to 25 cm.
 S difficulty. No mucosal and vascular patterns.
 No mass, polyp or evidence of narrowing.
 Imp: Normal exam.*

K.P. Walker

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
---------------------	------	--------------------	--------------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

PHYSICAL EXAM ROOM	WARD NO.
--------------------	----------

FELT NN 5-32-73
 B2-17-13H FRI
 11-27-68

CONSULTATION SHEET
 Standard Form 513
 513-104-02

ENCLOSURE

T-18
 USNH

67-276 576 -373

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *C.V. clinic*

FROM: (Requesting ward, unit, or activity)
T-18

DATE OF REQUEST
27 Nov.

REASON FOR REQUEST (Complaints and findings)

*Symptoms suggest prostatic
Hrs @ hydrocele and/or varicocele*

PROVISIONAL DIAGNOSIS

above
J.W. Lee

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

EMERGENCY

BEDSIDE

ON CALL

ROUTINE

CONSULTATION REPORT

17 JAN 1969

UROLOGY CLINIC
USNH, BETH., MD.

*History of varicocele, No symptoms -
No other GU symptoms except for
nocturia lately for years.*

*PE normal except @ varicocele,
collapses in supine position,
Prostate normal*

Urine neg

Imp - Varicocele left

Rec: No treatment

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

PHYSICAL EXAM ROOM

WARD NO.

FELT WH
88-17-13H

5-32-73
FBI

11-27-68

CONSULTATION SHEET
Standard Form 513
513-104-02

ENCLOSURE

T-18

67-276576-392

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Felt W. Mark
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- 1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
 No Yes If "yes" please specify defects. _____
- 2. Does examinee have any defects prohibiting safe operation of motor vehicles?
 No Yes If "yes" please specify defects. _____
- 3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No
 If recommendation is based on a factor other than above standard, indicate basis _____

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is small medium large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient

6. Under proper medical supervision, employee should lose _____ pounds
 gain _____ pounds

Remarks: _____

M. W. Voss Captain USA
 Signature of Medical Examiner USA

11-27-68
 Date

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 12-10-68

I certify that I have received returned the following Government property for official use:

Inspectors' Manual, Foreign Offices # 2 ✓✓

FILE

3 

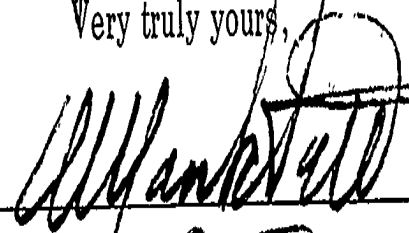
READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)



(Typed name)

W. Mark Felt

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Q. 30-68

I certify that I have received the following Government property for official use:
returned

Monograph: *The Politics of Street Revolutionists*, Copy #7

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

Rec'd by [unclear]

~~67-NOT ANYWAY~~

NOV 4 1968

47

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-24-68

I certify that I have received returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #5877
expires 6-30-69

RETURNED

D. C. OFFICIAL PARKING PERMIT #4676
expires 6-30-68

*detached &
dest. in prop.
6-24-68*

FILE
31

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,
(Signature) *W. Mark Felt*
(Typed name) W. Mark Felt

RECORDED
67-NOT RECORDED
1 JUN 25 1968

31



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>W. MARK FELT</u>	<u>5-14-68</u>	<u>X</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>AUDREY R. FELT</u>	<u>WIFE</u>
Address <u>3216 WYNFORD DR FAIRFAX VA</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed.

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Payment Received
Special Agents Insurance Fund

JUN 4 1968

J. Edgar Hoover, Director

Very truly yours,

W. Mark Felt
Special Agent

B-cced

May 9, 1968

Hilton Hotels
P. O. Box 54393
Terminal Annex
Los Angeles, California 90054

Gentlemen:

RE: Mr. W. Mark Felt

Receipt is acknowledged of your inquiry of
May 6, 1968.

Captioned employee entered on duty in the
Federal Bureau of Investigation on ~~January 26, 1942,~~
and is presently performing ~~supervisory~~ duties,
receiving salary of \$ ~~27,055~~ per annum. Positions
in this Bureau are of a permanent nature contingent
upon the satisfactory performance of assigned duties.
Date of birth in our records is indicated as ~~August 17,~~
~~1915,~~ and his Social Security number as ~~511-46-0048.~~
Mr. Felt is presently occupying the position of Assistant
Director of our Inspection Division.

87-NOT RECORDED-7

Very truly yours,

J. Edgar Hoover
John Edgar Hoover
Director

klf
[Signature]

bjc/lkl
(3)
67-276576

MAILED 27
MAY 9 - 1968
COMM. FBI

MAY 14 1968
[Handwritten initials]

MP-1034

MAIL ROOM TELETYPE UNIT

January 24, 1969

PERSONAL

Dear Felt:

You will soon mark your Twenty-seventh Anniversary in the FBI, and I certainly did want to extend my congratulations and best wishes to you. May you enjoy the occasion and celebrate many more in the service of the Bureau.

Sincerely,

J. EDGAR HOOVER

(Handwritten circle)

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.
TIME 8:10 AM
DATE 1/24/69
BY JH

276576-394
SEARCHED INDEXED
JAN 24 1969
37

REC-141

Anniversary 1-26 - Sunday

JEH:edm (3)

(Handwritten signature)

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

2 MAIL ROOM TELETYPE UNIT 71

January 16, 1969

Mr. W. Mark Felt
Assistant Director
Federal Bureau of Investigation

Dear Mr. Felt:

Your physical evaluation accomplished by Doctor Lea on 27 Nov. 1968, has been reviewed. The laboratory tests were all within normal limits. The cholesterol, specifically, was 255 mgm%. The uric acid which was at the upper limits of normal in 1967 is normal. The urologist recommends no treatment for the left varicocele. The protology examination was entirely normal. The remainder of your physical evaluation is normal.

Enclosed is a copy of the Report of Medical Examination for your personal file.

It has been a pleasure to be of service to you.

Sincerely,

M. W. Voss
CAPT MC USN

ENCLOSURE
H. A. [unclear]

ENCLOSURE

JAN 21 1969

[Handwritten signature]

UNITED STATES GOVERNMENT

Memorandum

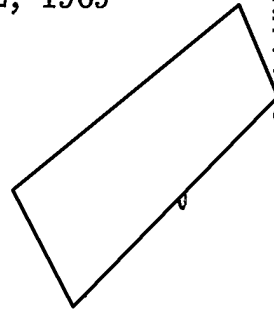
Tolson _____
 DeLoach _____
 Mohr _____
 Bishop _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

TO : Mr. Tolson

DATE: April 2, 1969

FROM : J. P. Mohr

SUBJECT: W. MARK FELT
 Assistant Director
 Inspection Division
 OUTSTANDING ANNUAL PERFORMANCE RATING



b6
b7c

There is attached for approval the annual performance report for Mr. Felt in which his services have been rated Outstanding for the period April 1, 1968, to March 31, 1969.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Rating Official and that the Director sign both the original and the copy as the Approving Official.

RECOMMENDATION:

That you, as Rating Official, and the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance rating of Mr. Felt and that he be furnished the original of his rating.

JPM

✓

MAILED 2
 APR 2 1969
 COMM-FBI

REC-131

67-276576-395
 Searched _____ Numbered _____
 10 6 1969

Enclosures
 LDH:jmp
 (2)

JPM

LDH

3/7/69

APR 10 1969

UNITED STATES GOVERNMENT

JTM

Memorandum

TO : Miss Holmes *JTM*

DATE: February 24, 1969

FROM : L. E. Wherry, Jr. *REW/JTM*

SUBJECT: Arrival of Assistant Director

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____
- Gandy _____

Assistant Director W. Mark Felt arrived in Washington D. C. on February 22, 1969 at 10:55 P. M. He can be reached at home.

3
[Signature]

187-NOT RECORDED
7 FEB 25 1969

[Handwritten signature]

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

New York, N. Y.
April 3, 1969

Dear Mr. Hoover:

This is to express my deep appreciation for the rating of Outstanding which you approved for my services during the past year.

The continuing success of the Bureau and its perennial top place standing are due primarily to your incredible foresight and firm control. It is exciting and challenging to work for you and, as always, my goal is to handle my assignments in a manner which will measure up to your high standards.

I hope the Bureau will have the benefit of your masterful direction for many years to come.

Again - many, many thanks.

Sincerely,

W. Mark Felt

W. MARK FELT

67-2796-396

Searched	Numbered
	1003 24

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-140

EXP. PROC. 30

APR 8 1969

50

APR 10 1969

APR 1 1969

3/2

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1968 to MARCH 31, 1969

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Clyde A. Tolson Associate Director 4/1/69
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/69
Signature Title Date

TYPE OF REPORT

- Official
- Annual

REC-105

XEROX
DEC 13 1978

67-2769-397

Searched	Numbered
<input type="checkbox"/> Administrative	10 APR 16 1969
<input type="checkbox"/> 60-Day	
<input type="checkbox"/> 90-Day	

- Transfer
- Separation from Service
- Special

3 Jan

146
10 APR 21 1969

UNITED STATES GOVERNMENT

Memorandum

- Tolson _____
- DeLoach _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Trotter _____
- Tele. Room _____
- Holmes _____ b6
- Gandy _____ b7C

TO : MR. TOLSON

FROM : W. M. FELT *[Signature]*

SUBJECT: ANNUAL LEAVE REQUEST

DATE: May 13, 1969

[Handwritten: 2/13/69]

[Handwritten: 900 10/13/69]

[Handwritten: Assessment]

Attached is an annual leave request for May 15 and 16, Thursday and Friday of this week.

The purpose of the leave is to permit me to handle a number of personal matters which cannot be attended to on Saturdays.

Inspector Walters is here and will be acting in my absence.

RECOMMENDATION:

That the attached annual leave request be approved.

[Handwritten: Attached for Mr. Tolson's office]

Enclosure

WMF:wmj
(2)

[Handwritten: 6/12]

[Handwritten: 7]

[Handwritten: 12/12]

REC-131

67-276576-398	
Searched _____	Numbered _____
8 MAY 1969	
62	

MAY 27 1969 *[Handwritten: 28]*

[Handwritten: 3-11/69]

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date May 6, 1969

I certify that I have received returned the following Government property for official use:

Copy #7 of "The Politics of Street Revolutionists" ✓

FILE

31. VZH

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

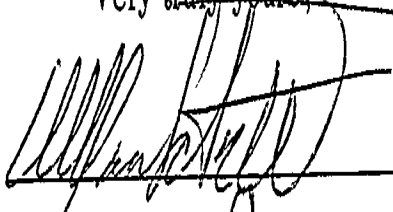
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY 8 1969

67-NOT RECORDED

AS

Very truly yours,

(Signature)



(Typed name)

W. Mark Felt, Assistant

Director

December 5, 1969

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

Your contributions in sparking the Clerical
Applicant Recruitment Program are indeed commendable.

As a result of detailed inspection surveys
conducted by you and members of your staff, the
recruitment of clerical employees was intensified to
an even greater degree. Your praiseworthy perform-
ance is appreciated.

Sincerely,

J. Edgar Hoover

1 - Mrs. Randolph (Sent Direct)

REC-130

67-2165-399
7 DEC 8 1969

JBA:blg (4)

Based on Callahan - Mohr memo 12-4-69 re Special Agent
recruitment program, Commendation Matter.

XEROX
DEC 13 1978

MAILED 20
DEC 5 - 1969
COMM-FBI

- Tolson _____
- DeLoach _____
- Walters _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Soyars _____
- Tele. Room _____
- Holmes _____
- Gandy _____

DEC 12 1969

MAIL ROOM TELETYPE UNIT

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-1-69

I certify that I have received returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #3425
expires 6-30-70

RETURNED

D. C. OFFICIAL PARKING PERMIT #5877
expires 6-30-69

FILE
3/ *MS*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

W. Mark Felt

(Typed name)

W. Mark Felt

67-101 RECORDED
8 AUG 20 1969

29

January 26, 1970

PERSONAL

Dear Felt:

Today marks your Twenty-eighth Anniversary in the Federal Bureau of Investigation and I could not let the occasion pass without expressing my congratulations and my thanks for all your efforts on behalf of the Bureau.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark ^{Felt}
Federal Bureau of Investigation
Washington, D. C.

JEH:rm (3)

Anniversary - Monday, January 26

REC-150

67-276576-400	
Searched	Indexed
10 JAN 26 1970	

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM TELETYPE UNIT

JAN 28 1970 23

SENT FROM D. O.	
TIME	8:00 AM
DATE	1-26-70
BY	EGB

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Walters	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____ b6
Mr. Soyars	_____ b7C
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

Adm. Movements
 [Redacted Box]

December 10, 1969

CW [Signature]
with [Signature]

MR. TOLSON:

Request 9 days of annual leave from 12/19/69 through 1/2/70. This is in lieu of leave cancelled earlier this month, and I have not previously had extended leave this year.

The Identification Division inspection is proceeding on schedule and is to be completed on Monday, 12/15/69. Results will be promptly submitted.

If this leave is approved, Inspector Miller will be acting, and I will be at home.

✓ W. M. Felt *nm*

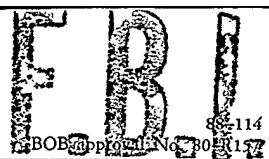
Enclosure

Det + sent to payroll 12-15-69
man

DEC 16 1969

[Handwritten Signature]

REPORT OF MEDICAL EXAMINATION



1. LAST NAME—FIRST NAME—MIDDLE NAME Felt, W. Mark		2. GRADE AND COMPONENT OR POSITION Assistant Director	3. IDENTIFICATION NO. 5-32-73
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 1-27-70
7. SEX Male	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	10. AGENCY
11. ORGANIZATION UNIT		12. DATE OF BIRTH	13. PLACE OF BIRTH Idaho
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC	
16. OTHER INFORMATION		17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total) _____ LAST SIX MONTHS _____

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#39 5" (L) groin
4" (R) groin

*copy 07EC
12/17/74
WJ*

RESULTS	
15.4	HGB GMS / 100ML
47	HCT %
7.2	WBC $\times 10^3$
	NEUT %
	BAND %
	LYMPH %
	EOS %
	BASO %
	MONOS %
	PLATELET $\times 10^3$

RESULTS

14.0 NAH REC-140

472 KEH 2.76576-401

102 GL

25 CO

Numbered

FEB 17 1970 36

7.1 TP

4.1 ALB

9.5 CA+PH

10 ALK. PHOS

18 BUN

110 GLU-----2hr PP 104

25 SGOT

250 CHOL

1.0 Creatinine

5.8 Uric Acid

(Continue in item 73)

3/10/70

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)															
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments															
R	X ¹	2	3	4	5	6	7	8	9	10	11	12	(13—X ¹⁴ —15)	X ¹⁶	L
I	X ²	31	30	29	28	27	26	25	24	23	22	21	20	19	18
G															
H															
T														X ¹⁷	T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type 3

Class I

NCD

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.023		46. CHEST X-RAY (Place, date, film number and result) 03479-70 NEG	
B. ALBUMIN Neg	D. MICROSCOPIC O-1 WBC		
C. SUGAR Neg	48. EKG N.S.C.S.	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) Neg	11-27-68	50. OTHER TESTS	

*Neg 20 1970
51*

7

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72³/₄"	52. WEIGHT 173	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
---	--------------------------	-------------------------------	-------------------------------	---------------------------	---------	--------	-------	-------	-----------------

57. BLOOD PRESSURE (Arm at heart level)					58. PULSE (Arm at heart level)					
A. SITTING	SYS. 130	B. RECUMBENT	SYS.	C. STANDING (3 min.)	SYS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 88		DIAS.			72				

59. DISTANT VISION				60. REFRACTION				61. NEAR VISION				
RIGHT 20/	50	CORR. TO 20/	20	BY	+1.25- S. .50x85°	CX		20/400	CORR. TO	J1	BY	+2.50
LEFT 20/	30	CORR. TO 20/	20	BY	+ .75- S. .25x95°	CX		20/400	CORR. TO	J1	BY	+2.50

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
					CT		

63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT	LEFT	Farnsworth 9/9						CORRECTED using 5.5gm	

66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. STEREO LAB TEST	
Normal O.U.								5.5gm=17.3	

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV	/15 SV	/15																	
	15		15																
LEFT WV	/15 SV	/15																	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S

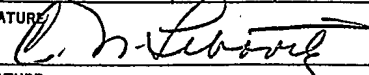

77. EXAMINEE (Check)

A. IS QUALIFIED FOR

B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE 
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE 
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE
	NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee _____ Felt _____ W. _____ Mark _____
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No
If recommendation is based on a factor other than above standard, indicate basis _____

67-276576-407

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is small medium large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient

6. Under proper medical supervision, employee should lose _____ pounds
 gain _____ pounds

Remarks: _____

C. D. Liberty

 Signature of Medical Examiner

 Date

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION DIVISION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1969 to MARCH 31, 1970

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Clyde A. Tolson Associate Director 4/1/70
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/70
Signature Title Date

REC-139

2770571-402

TYPE OF REPORT

1 and 3 1970

- Official
- Annual

- Administrative
 - 60-Day
 - 90-Day
 - Transfer
 - Separation from Service
 - Special

XEROX
DEC 13 1978

APR 8 1970

62

3-jed

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Tolson

DATE: April 2, 1970

FROM : J. P. Mohr

SUBJECT: W. MARK FELT
Assistant Director
Inspection Division

LEONARD M. WALTERS
Assistant Director
Identification Division

Tolson _____
 DeLoach _____
 Mohr _____
 Bishop _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____ b6
 Soyars _____ b7C
 Tele. Room _____
 Holmes _____



OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Felt and Walters in which their services have been rated Outstanding for the period April 1, 1969, to March 31, 1970.

In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Rating Official and that the Director sign both the original and the copy of each as the Approving Official.

RECOMMENDATION:

That you, as Rating Official, and the Director, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and that Mr. Felt and Mr. Walters each be furnished the original of his rating.

John ✓

MAILED 2
APR 2 1970
COMM-FBI

REC-135

67-2016576-403
SEARCHED INDEXED
10 APR 3 1970

Enclosures

LDH:jab

(3)

1 - Personnel file of Leonard M. Walters

7 APR 8 1970

[Handwritten signature]

UNITED STATES GOVERNMENT

Memorandum

[Handwritten signature]

Tolson	_____
DeLoach	_____
Walters	_____
Mohr	_____
Bishop	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Soyars	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : MR. TOLSON

DATE: April 8, 1970

FROM : W. M. FELT *[Handwritten signature]*

[Handwritten signature]

SUBJECT: REQUEST FOR AUTHORITY TO CARRY
PERSONALLY OWNED FIREARM

Authority is requested to carry my personally owned
firearm while on official business.

This gun is a Smith and Wesson Model 49, .38 caliber
snub nose revolver, Serial # J-63453.

This weapon has been inspected by SA
of the Training Division and certified as being in excellent operating
condition.

b6
b7C

RECOMMENDATION:

That I be authorized to carry the above-described
firearm.

[Handwritten signatures]

1 - Mr. Callahan

WMF:wmj

(3)

*Posted to
Property and
Hq's*

REC-127

67-276576-404
SEARCHED INDEXED
SERIALIZED FILED
8 APR 10 1970
[Handwritten initials]

3 75B

APR 14 1970

59

APR 14 1970
FBI
COMMUNICATIONS SECTION

W. MARK FELT

Mr. Tolson	✓
Mr. DeLoach	_____
Mr. Walters	✓
Mr. Mohr	✓
Mr. Bishop	_____
Mr. Casper	_____
Mr. Callahan	✓
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Soyars	b6
Tele. Room	b7C
Miss Holmes	_____
Miss Gandy	_____

April 7, 1970



Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

On my return from Los Angeles I received the Annual Performance Rating of "Outstanding" which you approved for me. I want to let you know how much I appreciate this rating and how much this recognition means to me.

You can be absolutely sure of my continued maximum efforts to carry out my assignments in a way which will measure up to your high standards.

Sincerely,

W. Mark Felt
W. Mark Felt

EX-100
APR 8 1970 33

REC-130

67-2765-26-405
Numbered
APR 13 1970

APR 16 1970
59

3-2/A

G
70

W. MARK FELT

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. Sullivan	<input checked="" type="checkbox"/>
Mr. Mohr	<input checked="" type="checkbox"/>
Mr. Bishop	<input checked="" type="checkbox"/>
Mr. Brennan	<input checked="" type="checkbox"/>
Mr. Callahan	<input type="checkbox"/>
Mr. Casper	<input type="checkbox"/>
Mr. Conrad	<input type="checkbox"/>
Mr. Felt	<input type="checkbox"/>
Mr. Gale	<input type="checkbox"/>
Mr. Rosen	<input type="checkbox"/>
Mr. Tavel	<input type="checkbox"/>
Mr. Walters	<input type="checkbox"/>
Mr. Soyars	<input type="checkbox"/>
Tele. Room	<input type="checkbox"/>
Miss Holmes	<input type="checkbox"/>
Miss Gandy	<input type="checkbox"/>

November 17, 1970

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

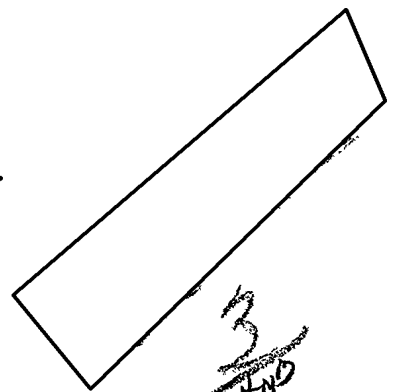
Dear Mr. Hoover:

Congratulations on your timely and terrific statement to Ken Clawson. You said things which needed to be said, and you said them just right. All thinking Americans will appreciate this and be guided accordingly. America needs more leaders like you.

I am proud to have the great privilege of working for you and being a part of the FBI.

Sincerely,

W. Mark Felt
Asst. Dir. W. Mark Felt
Inspection Div.



EXP. PROC.

NOV 18 1970
30
24
mul

ack
11-18-70
77M8-LEK

REC-122

67-276576-406
Searched _____ Numbered _____
5 NOV 25 1970

3
HND
[Signature]

b6
b7c

Mr. Tolson	✓
Mr. Sullivan	✓
Mr. Mohr	✓
Mr. Bishop	_____
Mr. Brennan, C.D.	_____
Mr. Callahan	_____
Mr. Casper	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	✓
Mr. Tavel	_____
Mr. Walters	_____
Mr. Soyars	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

advised HAD

July 27, 1970

MR. TOLSON

RE: ADEQUACY OF AGENT PERSONNEL
NEW YORK OFFICE

Pursuant to the Director's instruction, I will proceed to New York on Tuesday, 7/28/70, for the purpose of evaluating their request for 20 additional Agents and 8 additional cars to handle bank robbery matters.

I should be able to return to Washington on Wednesday, 7/29/70.

70
W. Mark Felt *V. Jones*

FBI
REC'D - MOHR
JUL 31 3 28 PM '70

3/ HAD

67-NOT RECORDED
8 JUL 29 1970

JUL 31 3 28 PM '70

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-17-70

I certify that I have received returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #3149
expires 6-30-71

RETURNED

D. C. OFFICIAL PARKING PERMIT #3425
expires 6-30-70

del. 7-2-70 FILE
csj

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature) *W. Mark Felt*
(Typed name) W. Mark Felt

76.

UNITED STATES GOVERNMENT

Memorandum

TO : The Director

DATE: 11/30/70

FROM : N. P. Callahan *ml*

SUBJECT: LOCATION OF OFFICIALS

ls

Tolson	_____
Sullivan	_____
Mohr	_____
Bishop	_____
Belmont	_____
Mohr	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Tavel	_____
Walsh	_____
Soyars	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

Assistant Directors

- Belt, W. M.
- Brennan, C. D.
- Rosen, A.
- Casper, J. J.
- Gale, J. H.
- Tavel, W. S.

- [Annual leave (Los Angeles)
- [Washington (From annual leave)
- [Washington (From annual leave)
- [Washington (From annual leave)
- [Washington (From annual leave)
- [Washington (From annual leave)

Inspectors

- Franck, R. R.
- Baker, J. V.
- Heavitt, T. W.
- Bowers, D. W.
- Dalbey, D. J.
- Suttler, B. M.
- Dunphy, J. P.

- [En route Paris (Inspection)
- [New Orleans (Inspection)
- [Washington (From Ottawa)
- [Washington (From annual leave)
- [Washington (From annual leave)
- [Washington (From annual leave)
- [Washington (From annual leave)

Inspection Division Staff

- Campbell, W. G.
- Thompson, F. D.

- [Atlanta (Inspection)
- [Atlanta (Inspection)
- [San Antonio (Inspection)

b6
b7C

Photographer

[Redacted]

67-27657b-407

REC-131

[Redacted] Washington (From annual leave)

b6
b7C

DEC 9 1970

93

9 DEC 4 1970

- 1 - Mr. Tolson
- 1 - Mr. Mohr
- 1 - Mr. Sullivan
- 1 - Mr. Bishop
- 1 - Mr. Soyars
- 1 - Mr. Callahan
- 1 - Miss Holmes
- 1 - Mr. Davidson
- 1 - Mr. Walsh
- 1 - Mr. Clark

pm

I am glad to note all
but the Asst Director
have returned particularly
in view of crisis facing the
for last weeks.

mc XEROX
DEC 17 1970

J. P. Callahan

J. P. Callahan

6 DEC 17 1970 45

5
November 18, 1970

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

Thank you for your letter of November 17th. It was good of you to write and your congratulations and generous remarks regarding my statement to Mr. Clawson mean a great deal to me.

With kindest regards,

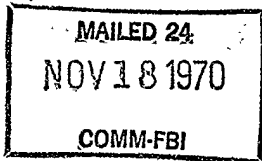
Sincerely,

JEH

FMG:llk (3)

LoB
llk

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____



MAIL ROOM TELETYPE UNIT

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73 3/4	52. WEIGHT 173	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one) SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE 98
-----------------------------	--------------------------	-------------------------------	-------------------------------	--	---------------	--------------	--------------	------------------------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 130	B. RECUMBENT	SYS.	C. STANDING (3 min.)	SYS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 80		DIAS.							

59. DISTANT VISION			60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 30	CORR. TO 20/ 20	BY	S.	CX		20/200	CORR. TO 20/20	BY
LEFT 20/ 20	CORR. TO 20/ 20	BY	S.	CX		20/200	CORR. TO 20/20	BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
-----	-----	-------	-------	------------	----------------	----	----

63. ACCOMMODATION		64. COLOR VISION (Test used and result) PIP 0/15 Yarn Test Passed	65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT		UNCORRECTED	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. SCHIOTZ TENSION Ton 5.5=15.0
---------------------	--	-------------------	--

70. HEARING			71. See Audiogram AUDIOMETER ISO								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV	/15 SV	/15	250	500	1000	2000	3000	4000	6000	8000				
			256	512	1024	2048	2896	4096	6144	8192				
LEFT WV	/15 SV	/15	RIGHT	15	15	5		10						
			LEFT	25	20	10		15						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE					
	P	U	L	H	E	S

77. EXAMINEE (Check)

IS QUALIFIED FOR

IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN Joseph I. Wollman, M.D.	SIGNATURE /s/ Joseph Wollman
--	--

80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) Walter H. Bohling, Jr. Col. DC.	SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee _____ **Felt** _____ **W.** _____ **Mark** _____
 (Type or print) *Last* *First* *Middle*

The following portions of the attached examination report form need not be completed:

- | | | | |
|---|----|----|----|
| 2 | 9 | 62 | 69 |
| 3 | 11 | 65 | 72 |
| 4 | 14 | 67 | 76 |
| 8 | 17 | 68 | |

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee is is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? Yes No

If recommendation is based on a factor other than above standard, indicate basis _____

67-276576-468

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is small medium large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient

6. Under proper medical supervision, employee should lose _____ pounds
 gain _____ pounds

Remarks: _____

/s/ **Joseph Wollman**

Signature of Medical Examiner

Nov. 6, 1970

Date

January 26, 1971

Dear Felt:

Today marks your Twenty-ninth Anniversary in the FBI, and I did want to add my congratulations to those you are receiving from your many friends. Best wishes and may the Bureau have the benefit of your fine services for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

REC-135

276576-409
1 JAN 26 1971

- Tolson _____
- Sullivan _____
- Mohr _____
- Bishop _____
- Brennan, C.D. _____
- Callahan _____
- Casper _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Tavel _____
- Walters _____
- Soyars _____
- Tele. Room _____
- Holmes _____
- Gandy _____

Anniversary 1/26 Saturday

JEH:edm (3)

edm

JAN 28 1971

SENT FROM D. O.	
TIME	8:30 AM
DATE	1-26-71
BY	<i>ALB</i>

MAIL ROOM TELETYPE UNIT

67

UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
Sullivan	_____
Mohr	_____
Bishop	_____
Brennan, C.D.	_____
Callahan	_____
Casper	_____
Conrad	_____
Dalbey	_____
Felt	_____
Gale	_____
Rosen	_____
Tavel	_____
Walters	_____
Soyars	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : Mr. Tolson

DATE: 4/5/71

FROM : Mr. Mohr

SUBJECT: W. MARK FELT
 Assistant Director
 Inspection Division
 OUTSTANDING ANNUAL PERFORMANCE RATING

In the event the Director desires to approve, there is attached the annual performance rating in duplicate covering Mr. Felt's services from April 1, 1970, to March 31, 1971, in which he is rated Outstanding.

In the event of approval, I respectfully request that you sign both the original and the copy as the Rating Official and that the Director sign both the original and the copy as the Approving Official. Additionally, in the event of approval, there is attached a letter advising Mr. Felt of this action together with the Director's approval of a \$500 cash award.

RECOMMENDATION:

After you have signed the attached Outstanding rating as Rating Official, if the Director desires to approve it, the original and copy should also be signed by him as Approving Official. Additionally, if the Director approves, attached letter to Mr. Felt advises of approval of the Outstanding rating together with approval of a \$500 award.

ADDENDUM:

No censures during rating year. 1970 rating Outstanding.

MAILED 2
APR 7 1971
FBI

LDH:ndl
Enclosures
(2)

Jmr

HANDLED SEPARATELY
ENCLOSURE

REC-144

67-276576-410
Searched
6 APR 8 1971

37

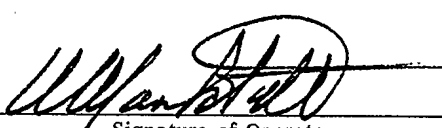
RESULTS OF ROAD TEST


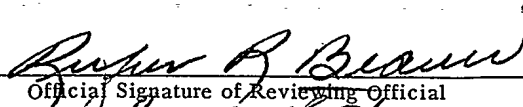
Vehicle Used in Test			Local Test	
Make	Body Type	Year	City	State
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature
Instructions to Examiner Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				TEST SCORE <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
PASSING GRADE: Total Score of 25 Points or Less FAILING GRADE: Total Score of 26 Points or More Note Results in Box at Right of Instruction Block				Total Error Points Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check List				
1. Checking Vehicle Fails to: <input type="checkbox"/> 1 — Adjust Rear-view Mirror <input type="checkbox"/> 1 — Adjust Seat Properly <input type="checkbox"/> 1 — Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> 1 — Check Windshield Wipers <input type="checkbox"/> 1 — Check Horn and All Lights		2. Leaving Curb Fails to: <input type="checkbox"/> 2 — Look Back to Check Traffic <input type="checkbox"/> 2 — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 — Wait for Approaching Traffic		
# of Points		# of Points		
3. Turning Fails to: <input type="checkbox"/> 2 — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 — Turn Carefully From Proper Lane		4. Backing Fails to: <input type="checkbox"/> 1 — Observe Surrounding Conditions <input type="checkbox"/> 1 — Back Slowly and Smoothly and Avoid Excessive Curb Contact		
# of Points		# of Points		
5. Controls Fails to: <input type="checkbox"/> 1 — Handle Vehicle Smoothly <input type="checkbox"/> 2 — Keep Both Hands on Wheel <input type="checkbox"/> 2 — Smoothly Engage Shifting Mechanism <input type="checkbox"/> 2 — Use Brakes Properly		6. Speed <input type="checkbox"/> 2 — Exceeds Limit <input type="checkbox"/> 2 — Too Slow for Traffic Conditions <input type="checkbox"/> 2 — Too Fast for Traffic Conditions		
# of Points		# of Points		
7. Position on Roadway <input type="checkbox"/> 2 — Follows too Closely <input type="checkbox"/> 2 — Fails to Hold Proper Lane <input type="checkbox"/> 1 — Straddles Lane Markings		8. Overtaking - Passing <input type="checkbox"/> 2 — Misjudges Speed of Oncoming Traffic <input type="checkbox"/> 2 — Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> 2 — Cuts in too Soon <input type="checkbox"/> 2 — Fails to Signal (Hand, Light, Horn) When Conditions Warrant		
# of Points		# of Points		
9. Parking Fails to: <input type="checkbox"/> 1 — Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> 1 — Set Hand Brake <input type="checkbox"/> 1 — Cramp Wheels Where Necessary		10. Railroad and School Zones Fails to: <input type="checkbox"/> 2 — Obey Signals and Caution Warnings <input type="checkbox"/> 2 — Be Alert for Unusual Conditions		
# of Points		# of Points		
11. Attention Fails to: <input type="checkbox"/> 2 — Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> 2 — Keep Full Attention on Operation of Car <input type="checkbox"/> 1 — Limit Talking to Minimum <input type="checkbox"/> 2 — Observe Posted Signs or Signals		12. General <input type="checkbox"/> 3 — Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> 3 — Lack of Caution <input type="checkbox"/> 3 — Timidity or Lack of Assurance Under Normal Driving Conditions		
# of Points		# of Points		

Remarks:

TO: Director, FBI

FROM: CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) FELT W. MARK		Date 3-2-71	
	Division and Section Assigned INSPECTION DIVISION		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk	
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows: VIRGINIA			
	Permit Issued By: (State, Territory Possession, District) VIRGINIA	Permit Number FD 5443-74744 845381	Permit Expires 8-31-71	
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)			
<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately 6000 miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.				
* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.			 Signature of Operator	

TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:	
	<input checked="" type="checkbox"/> Continuous safe driving record <input type="checkbox"/> Involved in traffic accident and found at fault**	
	I certify that this employee is:	
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business <input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business	
Remarks:		
<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46		
<div style="text-align: center;">  </div>		
** "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee.		
(Over for Operator's Road Test Form Sheet)		
<div style="text-align: right;">  Official Signature of Reviewing Official Title Inspector Date 3-7-71 </div>		

138

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 12/29/70

I certify that I have received returned the following Government property for official use:

U.S.D.J. Garage Parking Permit Space #8 (Decal)

U.S. D. J. GARAGE PARKING PERMIT (DECAL) ALTERNATE SPACE #11

RETURNED

U.S. D. J. Garage Parking Permit Space 8

des.
DEFILE
3/ DRK

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature) Allen Felt

(Typed name) W. Mark Felt

RECORDED

9 FEB 10 1971

60

REC-144

April 5, 1971

PERSONAL

0

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I am taking this means to advise that your superior services from April 1, 1970, to March 31, 1971, have merited an Outstanding performance rating. There is enclosed a copy of this rating which you may retain.

It is a pleasure also to advise that in recognition of this fine accomplishment I have approved an incentive award for you in the amount of \$500.00, which is represented by a check to be sent to you at a later date. You have certainly earned this award through your loyalty and dedication. I am most appreciative.

Sincerely,

J. Edgar Hoover

Enclosure

1 - Payroll Distribution (Sent Direct)

1 - [redacted] (Sent Direct)

JAB:sma *sma* (5) Award # 1475-71

Based on memo Mohr-Tolson dated 4/5/71, LDH:ndl.

Salutation per file.

KIRK

DEC 13 1978

b6
b7c

- Tolson _____
- Sullivan _____
- Mohr _____
- Bishop _____
- Brennan, C.D. _____
- Callahan _____
- Casper _____
- Conrad _____
- Dalbey _____
- Felt _____
- Gale _____
- Rosen _____
- Tavel _____
- Walters _____
- Soyars _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAILED 2
APR 7 1971
FBI

10 APR 12 1970

MAIL ROOM TELETYPE UNIT

mohr
JPM
Jm

d/sk

April 6, 1971

Dear Felt:

Inspector Miller wrote me yesterday setting forth your discussion in regard to the articles in Life, Newsweek and the Washington Post, which contain the usual attacks on me and the Bureau. Of course, this continued to bear out the pattern and character of this pack of jackals, and I feel certain we shall weather the storm by concentrating on doing our job to the very best of our ability and adhering to the principles which we all know are right.

Thank you for expressing yourself as you have. I appreciate your continuing support and assistance.

Sincerely,

J. E. H.

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

157-276576-411
7 APR 12 1971

REC-137

- Tolson
- Sullivan
- Mohr
- Bishop
- Brennan, C.D.
- Callahan
- Casper
- Conrad
- Dalbey
- Felt
- Gale
- Rosen
- Tavel
- Walters
- Soyars
- Tele. Room
- Holmes
- Gandy

JEH:edm (3)

SENT FROM D. O.
TIME 2:26
DATE 4/6/71
BY JEH

APR 16 1971
MAIL ROOM TELETYPE UNIT

W. MARK FELT

Mr. Tolson	✓
Mr. Sullivan	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Brennan CD	✓
Mr. Callahan	✓
Mr. Casper	
Mr. Conrad	
Mr. Dalbey	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Tavel	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 13, 1971

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

This is to thank you for the Outstanding Performance Rating and the very generous award which accompanied it.

You can be sure of my continued maximum efforts to perform my assignments in a way which will meet with your approval. You can also be sure of my continued 100% loyalty to you personally.

Sincerely,

W. Mark Felt

67-276576-412	
Searched	Numbered
4 APR 15 1971 64	

REC-135

4 APR 20 1978
138

3/ew

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: INSPECTION
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT DIRECTOR

Rating Period: from APRIL 1, 1970 to MARCH 31, 1971

ADJECTIVE RATING: OUTSTANDING Employee's Initials
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Clyde A. Tolson Associate Director 4/1/71
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/71
Signature Title Date

TYPE OF REPORT

- Official
- Annual
- Administrative
- 60-Day
- 90-Day
- Transfer
- Separation from Service
- Special

XEROX
DEC 13 1978

REC-134

67-276576-413
Searched _____ Number _____
7 APR 19 1971

THREE

14
1 APR 23 1971

W. MARK FELT
ASSISTANT DIRECTOR
INSPECTION DIVISION

From April 1, 1970, to March 31, 1971, Mr. Felt fulfilled his obligations in such a truly admirable fashion as to definitely warrant this Outstanding rating.

Always immaculately attired in conservative business dress, and possessing a most remarkable personality, Mr. Felt is especially effective in his contacts both within and outside of the FBI, and he engenders in those with whom he comes in contact a feeling of confidence and respect.

It is his primary responsibility to conduct inspections of the Bureau's 59 field offices, as well as Seat of Government divisions and foreign installations. He is consistently alert for ways and means in which operations can be streamlined and improved and necessary economies effected. He is particularly well qualified for the position he holds, having had a long and distinguished career in the organization during which he has held a variety of increasingly important positions. He is most knowledgeable as regards the rules and regulations, the policies and procedures of the FBI, and, by virtue of his superior intelligence and his analytical approach, he skillfully implements this knowledge on a day-to-day basis. Enjoying superb good health and possessing great stamina, Mr. Felt is capable of working for long periods of time with no diminution of efficiency and, despite the many pressures to which he is subjected, he never loses his composure.

Mr. Felt regards each and every assignment as a challenge, and he strives to meet these challenges to the very best of his ability, never hesitating to set aside personal interests in order to insure that the Bureau is served. His proven loyalty and obvious dedication have won for him the respect and admiration of superiors and subordinates. Not content with less than perfection, he sets a splendid example for his subordinates to emulate. Mr. Felt is a particularly valuable member of the FBI.

XEROX

DEC 13 1978

W. MARK FELT

Mr. Tolson	✓
Mr. Sullivan	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Brennan	CD
Mr. Callahan	
Mr. Casper	
Mr. Conrad	
Mr. Dalbey	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Tavel	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 30, 1971

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

Just a short note to let you know how much I appreciate the beautiful color portrait which you autographed for me.

This is a prized possession and I am having it suitably framed to occupy the place of honor in my office.

Thank you very much!

Sincerely,

W. Mark Felt

W. Mark Felt

REC-142

67-276576-414

Searched	Numbered
10	4

1971

DELETED

Jan

No ack - reply would be "Thanks to the..."

6 MAY 10 1971

67

July 1, 1971

PERSONAL

0

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Felt:

I hereby designate you Assistant
Director - Deputy Associate Director
effective this date. You should report to
Mr. Tolson's Office to assume this assign-
ment.

Sincerely,
J. Edgar Hoover

1 - Movement

*Detached
Amber*

NPC:jlk
(3)

REC-134

67-276-415

7 JUL 7 1971

JUL 5 11 5 AM '71

~~19 JUL 6 1971~~

- Tolson _____
- Sullivan _____
- Mohr _____
- Bishop _____
- Brennan, C.D. _____
- Callahan _____
- Casper _____
- Conrad _____
- Dalbey _____
- Felt _____
- Gale _____
- Rosen _____
- Tavel _____
- Walters _____
- Soyars _____
- Beaver _____
- Tele. Room _____
- Holmes _____
- Gandy _____

MAILED 5
JUL 2 - 1971
FBI

JUL 6 1971

46

[Handwritten signature]

PERS. REC. [initials]

MAIL ROOM TELETYPE UNIT

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-25-71

I certify that I have received returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #6279 ✓
expires 6-30-72

RETURNED

D. C. OFFICIAL PARKING PERMIT #3149 ✓
expires 6-30-71 ✓

FILE

3/ [Signature]

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours/

(Signature)

[Handwritten Signature]

(Typed name)

W. M. Felt

67-NOT RECORDED

9 JUL 27 1971

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
 Felt _____
 Sullivan _____
 Mohr _____
 Bishop _____
 Brennan, C.D. _____
 Callahan _____
 Casper _____
 Conrad _____
 Dalbey _____
 Gale _____
 Ponder _____
 Rosen _____
 Tavel _____ b6
 Walters _____ b7C
 Soyars _____
 Tele. Room _____
 Holmes _____

TO : Mr. Mohr

DATE: 8/20/71

FROM : T. E. Bishop

SUBJECT: PRESS INQUIRY RE ASSISTANT DIRECTOR
DEPUTY ASSOCIATE DIRECTOR W. MARK FELT

[redacted] a UPI reporter who covers the Justice Building, today called and said she wanted to drop by later today. She said she had noticed in a "directory" that there had apparently been a reshuffling of the FBI staff and wanted to know if Mr. Felt fit in above Messrs. Mohr and Sullivan. She said she also wanted to find out a little background concerning Mr. Felt.

RECOMMENDATION

It is recommended UPI be advised that Mr. Felt as Assistant Director - Deputy Associate Director comes directly under Mr. Tolson, and also recommend attached biographical background re Mr. Felt be furnished UPI.

- 1 - Mr. Felt
- 1 - Mr. Mohr
- 1 - Mr. Bishop
- 1 - Mr. M. A. Jones

All of attached was in Wash Post today 8/20/71

HPL:asg
(5)

RFC-135

67-276576-416

Searched _____ Numbered _____

1 AUG 20 1971

CLOSURE

Addendum: W. Mark Felt: At 6:05 P.M. I received a telephone call from [redacted] who identified himself as a Reporter for the New York Times. He requested to know my age and I told him. He requested additional background data and I referred him to the Crime Records Division. He then asked if my "recent promotion meant" that I was "#3 in the FBI". I told him "No comment" and terminated the conversation.

b6
b7C

2 SEP 1 1971

34
30

PERM. REC. UNIT



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

W. MARK FELT

Mr. Felt was born on August 17, 1913, in Twin Falls, Idaho. He received his early education in that city and attended the University of Idaho, Moscow, Idaho, where he received a Bachelor of Arts degree in 1935. He was subsequently employed in Washington, D. C., as an Administrative Assistant to then U. S. Senator D. Worth Clark and, while so employed, continued his education at The George Washington University Law School, receiving a Juris Doctor degree. Upon admission to the District of Columbia Bar in 1941, he secured employment as an attorney for the Federal Trade Commission. He has been admitted to practice before the United States Supreme Court.

Mr. Felt entered on duty as a Special Agent in the FBI in January, 1942, and has been assigned in that capacity to offices in Houston, San Antonio, and Seattle. In addition, he has served in a supervisory capacity at FBI Headquarters on two occasions, the first being from December, 1942, to August, 1945, and the last being just prior to his assumption of the duties of Assistant Special Agent in Charge of the New Orleans Office in December, 1954. He also served as Assistant Special Agent in Charge of the Los Angeles Office. In August, 1956, he was ordered to Salt Lake City to serve as Special Agent in Charge and, on February 6, 1958, he was designated Special Agent in Charge of the Kansas City Office.

In September, 1962, he returned to FBI Headquarters with the rank of Inspector. In November, 1964, he was appointed Inspector in Charge of the Inspection Division and, in March, 1965, was designated Assistant Director in charge of this Division. In July, 1971, he was named to the position of Assistant Director-Deputy Associate Director.

Mr. Felt is married and has two children.

ENCLOSURE

67-276576-416

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 8-6-71

I certify that I have received returned the following Government property for official use:

Parking Permit Space 16

RETURNED

Parking Permit Space 8

FILE
3/5/71

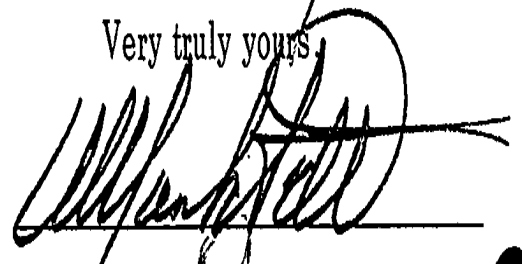
READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)



(Typed name)

W. Mark Felt

149
1 AUG 13 1971

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 7-23-77

I certify that I have received returned the following Government property for official use:

- MANUAL OF RULES AND REGULATIONS #1204 ✓
- MANUAL OF INSTRUCTIONS #706 ✓
- SUPERVISORS MANUAL #212 ✓
- SOG STENOGRAPHERS MANUAL #63 ✓
- TIME AND ATTENDANCE MANUAL #202 ✓
- FOREIGN OPERATIONS POLICY MANUAL #13 ✓
- SOG INSPECTORS' MANUAL #2 ✓

*Manuals rec'd from
R R Beaver.*

FILE
31. vj

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

DO NOT RECORD

8 AUG 9 1977

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE FELT, W. MARK (MR)		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 8-17-13	4. SOCIAL SECURITY NO. 511-46-0048
5. VETERAN PREFERENCE 1 1—NO 3—10 PT. DISAB. 5—10 PT. OTHER 2—5 PT. 4—10 PT. COMP.		6. TENURE GROUP		7. SERVICE COMP. DATE	
9. FEGLI 1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.)		10. RETIREMENT 1—CS 3—FS 5—OTHER 2—FICA 4—NONE			11. (FOR CSC USE)
12. CODE NATURE OF ACTION REASSIGNMENT		13. EFFECTIVE DATE (Mo., Day, Year) 7-1-71		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW	
15. FROM: POSITION TITLE AND NUMBER Assistant Director 110		16. PAY PLAN AND OCCUPATION CODE GS	17. (a) GRADE OR LEVEL 18	(b) STEP OR RATE	18. SALARY \$36,000 pa
19. NAME AND LOCATION OF EMPLOYING OFFICE Inspection Division Washington, D. C.					

20. TO: POSITION TITLE AND NUMBER Assistant Director - Deputy Associate Director		21. PAY PLAN AND OCCUPATION CODE GS	22. (a) GRADE OR LEVEL 18	(b) STEP OR RATE	23. SALARY \$36,000 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE Associate Director's Office Washington, D. C.					

25. DUTY STATION (City—county—State)				26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2	

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____
 B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____
 C. DURING PROBATION

SEPARATIONS: SHOW REASONS BELOW; AS REQUIRED. CHECK IF APPLICABLE:

Basis for this position is Title 5, U.S.C., Section 5108 (c)(2).

67-NOT RECORDED
18 JUL 20 1971

E. Hoover
 Director

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		<i>[Signature]</i>	
33. CODE DJ 02	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535		

RECEIPT FOR GOVERNMENT PROPERTY
 FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE

Date July 12, 1971

I certify that I have received returned the following Government property for official use:

Manual of Rules and Regulations #975

Manual of Instructions #5827

✓ Defense Plans Manual #118

Highlights of SOG Defense Plans for Chain of Command #20

✓ Foreign Operations Policy Manual #17

✓ Field Inspectors' Manual #488 ✓ *detached, cij*

✓ Inspector's Manual (SOG) #19

✓ Inspectors' Manual (Foreign Offices) #2

Manual for Bureau Supervisors #423

Position Classification Manual #31

FILE
 31. *cij*

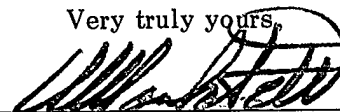
READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)



(Typed name)

W. Mark Felt

