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Title: **104-10291-10013_p155.png**

Provenance:

Category: **Uncategorized**

Person:

Date:

SECRET

GEOGRAPHIC AREA KNOWLEDGE

SECTION VIII

NAME OF REGION OR COUNTRY TYPE OF SPECIALIZED KNOWLEDGE STATUS OF KNOWLEDGE ACQUIRED BY

DATES OF

KNOWLEDGE

ACQUIRED

NAME OF REGION OR COUNTRY TYPE OF SPECIALIZED KNOWLEDGE STATUS OF KNOWLEDGE ACQUIRED BY

DATES OF

KNOWLEDGE

ACQUIRED

Mexico

Terrains, economic,

terrains, people

Jan. 1971 to

Aug. 1994

x

INDICATE THE PURPOSE OF VISIT, RESIDENCE OR

TRAVEL FOR ANY OF THE REGIONS OR COUNTRIES LISTED ABOVE

Mexico - duty with U.S. Foreign Service, State Department.

LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION-

ASSOCIATED OR ACTIVITY

Spain

Terrains, Indigenous

psychology, pol. parties

Sept. 1947 thru

Feb. 1947

Guatemala

Terrains, econ. resources

Titles, economic stat.

April 1949

Argentina

Political parties

personalities

August 1949 thru

November 1953

Venezuela
Political parties
personalities, Indians
September 1955
to Nov. 1955
x

Colombia, Ecuador, Peru, Pol. Parties & Figures,
June-July 56

Chile and Bolivia

SECTION IX

TYPING AND STENOGRAPHIC SKILLS

TYPING SPEED (WORDS PER MINUTE) 60

STENOGRAPHIC SPEED (WORDS PER MINUTE)

Proficient, Improved, Other (Specify):

SECTION X

SPECIAL QUALIFICATIONS

LIST ALL HOBBIES AND SPORTS IN WHICH YOU
HAVE ACTIVELY OR RECENTLY PARTICIPATED. IN-
DICATE YOUR PROFICIENCY.

No changes since last report.

INDICATE ANY OTHER SPECIAL QUALIFICATIONS,
INCLUDING THOSE EMPLOYED IN TRAINING,
WHETHER OR NOT THEY FORM A PROFESSIONAL

OR OCCUPATIONAL FIELD.

INCLUDE INFORMATION ON:

LANGUAGES SPOKEN OR WRITTEN, AS WELL AS
ANY SPECIALIZED KNOWLEDGE OR SKILLS RELAT-

ING TO THE COUNTRIES LISTED IN SECTION VIII.

SUCH AS A KNOWLEDGE OF ECONOMIC SYSTEMS,
AGRICULTURE, INDUSTRY, TOURIST TRADE, TECH-
NICAL AND PROFESSIONAL SERVICES, ETC.

INCLUDE INFORMATION ON:

LICENSES OR CERTIFICATES ISSUED TO YOU BY
ANY GOVERNMENT OR PRIVATE ORGANIZATION
(E.G., PILOT'S LICENSE, RADIO OPERATOR'S LI-
CENSE,

LICENSE TO PRACTICE MEDICINE, ETC.). INDICATE
THE NAME AND LOCATION OF THE CERTIFICATE,
NAME OF ISSUING STATE, AND

REGISTRY NUMBER.

FIRST ISSUED DATE OF CERTIFICATE (Year of Issue)

LATEST RENEWAL OF CERTIFICATE (Year of Issue)

SECRET