

JAMES EARL RAY

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VOL 6.

FD-840 (REV. 6-24-65)

File	No. 44-1487-11	9-189				
	Received					
From						
	(NAME OF CONTRIBUTOR)					
(ADDRESS OF CONTRIBUTOR)						
•	(CITY AND	STATE)				
Ву	ME					
•	(NAME OF SPECI	AL AGENT)				
To B	e Returned 🔲 Yes	Receipt given 🗌 Yes				
	⊠ No	☐ No				
Desc.	ription 3 photos of	Artist conception				



2025 RELEASE UNDER E.O. 14176



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File	No. 44-1987-1.	190		
Date	Received (?)			
From	•)			
	(NAME OF C	CONTRIBUTOR)		
•	(ADDRESS OF	CONTRIBUTOR)		
	(CITY AND STATE)			
Rv	Memphis			
-, -	(NAME OF SPEC	IAL AGENT)		
To B	e Returned 🔲 Yes	Receipt given 🔲 Yes		
	🗔 No	□ No		
Desc	ription xerox copy	of Locksmithing		
Ins H G	titute applicat	ion of Bric. C.		

Your credentials as a registered Lowesmithing Student justify your possession of tools and equipment necessary to pick locks and to perform other work of a highly restricted and confidential nature.

This form is your application to receive such credentials, the tools of your trade, instruction in lock-picking, and in the other secrets of the locksmithing profession. Answer each question completely and return this form promptly.

l.	YOUR NAME ERIC S. GALT				
	Student Number 30-15189	Telephone Number			
2.	Age_36_MarriedSingle	x_DependentsNONE			
3.	Name of Employer AM TAKING Co	OURSE AT AMERICAN BUSINESS CONSULT-			
	Nature of your work ANTS. 16010 CREMSHAW, LONG BEACH, CALIF.				
4.	. Have you any specialized training? BACK PAGE				
5.	5. Education: Public School High X College Other				
_6.	Spare-time earnings? Open Your Own Shop? Other Plans?				
7.	Have you any physical defects	?NO			
8.	List two character references 1) Name MRS RIT - STEEN	: 2) Name MRS MARIE DENI NO			
	Address 5666 FRANKLIN.L.A.				
	Occupation HOUSEWIFE	Occupation WAITRESS			
List any other information which you feel we should have in order to help you, on the reverse side of this form.					
I, the undersigned, do hereby swear and affirm that I have never been convicted of the crimes of burglary, or breaking and entry, robbery, or grand or petty larceny,					
to sm in I	myself all of the information ithing Institute in regard to formation only in the discharg will never use my knowledge of mmission of a crime.	will keep in strict confidence and that I will receive from the Lock-picking locks; that I will use this e of my duties as a locksmith; that this subject to aid or abet in the			
Na	me Equision State	City Les orgiles			
Ad	dress 1.535-N-SCILLand	State Calif Zip Code 90000			

LOCKSMITHING INSTITUTE . LITTLE FALLS, MFW 'ERSEY 07424

I HAD TRAINING IN THE MILITARY IN ORDINANCE
AND SINCE THEIR IS A SIMULARITY THE TWO
I COULD COMBINS THEM IN ONE BUSINESS.

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LOCKSMITHING INSTITUTE • Little Falls, New Jersey, 07424

Please enroll me for the complete course in Professional Locksmithing (subject to your liberal Money-Back Agreement). I agree to follow your plan of teaching and to submit at least one lesson and/or payment every month. I will pay the tuition fee according to the payment plan checked below:

- PLAN A I conclose \$10 enrollment fee. I will pay \$7.50 with each completed lesson (not less than \$7.50 per month) until I have paid \$229.50. I may proceed as rapidly as I wish.
- PLAN B DOUBLE-QUICK PLAN. I enclose \$25 enrollment fee. I will pay \$15 with each completed lesson (not less than \$15 per month) until I have paid \$219.50. I may proceed as rapidity as I wish. I SAVE \$10.00.
- PLAN C I enclose \$199.50 in full payment. I may proceed as rapidly as I wish and I SAVE \$30.00.

NAME FILLS GALT (Please Print Clearly)

STREET 2534 RUE NOTRE PAME EST.

CITY MONTERON SATADA STATE GUL BEC ZIP CODE

LESSONS INCLUDE TOOLS AND SUPPLIES AT NO EXTRA CHARGEI

MONEY-DACK
AGREEMENT
IS PRINTED ON THE REVERSE SIDE



KEEP THIS STUB

FILL IN OTHER SIDE. USE POSTAGE-FREE REPLY ENVELOPE

30-1-19169

SERIC S. CALT
1035 NORTH SERVICE
1035 AUGULES, CHURECINIA 99927
1036 AUGULES, CHURECINIA 99927
1037 AUGULES, CHURECINIA 99927
1038 AUGULES, CHU

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