

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SAMSON MFG CORP. SAMSON MFG 4 FORGE ST KEENE, NH 03431, CHESHIRE	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 762030-2017-0025-B1B			
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">3. PERMIT/LICENSE NUMBER 602005077J01974</td><td style="width: 33%;">4a. TARGET DATE 9/30/2017</td><td style="width: 33%;">4b. TARGET HOURS</td></tr></table>	3. PERMIT/LICENSE NUMBER 602005077J01974	4a. TARGET DATE 9/30/2017	4b. TARGET HOURS
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	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)			

6. ATF OFFICER(S) ASSIGNED
(b)(6) - Lead Investigator

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)
(b)(6), Area Supervisor, 10/03/2016

8. PURPOSE/SPECIAL INSTRUCTIONS
Please conduct an FMI compliance inspection for the Type 07 FFL.

9. INSPECTION RESULTS	☐ CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)			
NO. OF VIOLATIONS	1	NO. OF REFERRALS		2111 - PER DIEM	
NO. OF TECS CHECKS	1	NO. OF TECS HITS		2112 - P.O.A.	
NO. OF TAX ADJUSTMENTS		\$ VALUE OF TAX INCREASES		2113 - COMM. AIR	
		\$ VALUE OF TAX DECREASES		2114 - RENTAL CAR	
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS		2115 - GPV EXPENSES	
NO. OF CLAIMS		\$ VALUE OF CLAIMS		2116 - MISC.	
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED		TOTAL \$ FOR INSP.	

11. ATF OFFICER'S RECOMMENDATION
Submitted by (b)(6) - Industry Operations Investigator

Submitted on: 01/09/2017

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA		
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)	
OCT 2016	3.00	
NOV 2016	25.50	
DEC 2016	5.00	
JAN 2017	7.00	
ATF OFFICER'S SUBTOTAL	40.50	ATF OFFICER'S SIGNATURE
TOTAL HOURS	40.50	

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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

Corrective action has been taken and the FFL has been fully educated regarding his responsibilities and it is believed that future compliance can be achieved through a Warning Letter.

During the inspection it was discovered that changes should be made to the Federal Licensing System (FLS). RP-Samson's home address is (b)(6) and the home phone number should be changed to (b)(6).

NCIC checks were conducted of RP with negative results.

Recommend FLS be updated with the aforementioned information and to reflect that a Warning Letter was issued on 01/23/2017 via Certified Mail #7006 0810 0002 6795 7552. A recall recommendation was also made.

The last inspection date in FLS should now read 01/05/2017.

PII e-mailed to (b)(6), FFLC, on January 23, 2017.

Viols WL ONLY and Recall Inspection

☒ REVIEWED

☐ CONCUR

☒ SEE COMMENTS

☒ FINAL DISPOSITION

SIGNATURE AND TITLE

(b)(6) - Area Supervisor

(b)(6)

REVIEW DATE

01/23/2017

ROUTING SEQUENCE AND DATE

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
- ☐ 4. _____

CONTROL FILE POSTED DATE _____



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

10 Causeway St. Ste. 701, Boston, MA 02222

762030 (b)(6)
5300
www.atf.gov

January 19, 2017

WARNING LETTER

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Scott Samson
Samson Mfg Corp
32 Optical Ave.
Keene, NH 03431

REF: FFL # 6-02-005-07-7J-01974

Dear Mr. Samson:

During a recent compliance inspection at your firearms business covering the period November 14, 2015 to November 14, 2016, you were cited for a violation of Title 27, Code of Federal Regulations, Part 478. A copy of the Report of Violations, Form 5030.5, issued at the time of the inspection, is enclosed.

All violations were fully explained to you by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Investigator. You indicated that you understood the requirements of the firearms laws and regulations, and that corrective actions would be taken to eliminate future violations.

The records you are required to maintain, and the business operations you conduct, are important to law enforcement in our continuing efforts to reduce violent crime and protect the public. It is essential that you comply with all Federal laws and regulations that govern your firearms business. This is critical to carrying out our mission to protect the public and ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area, and we look forward to continuing to work with you in that regard.

You are reminded that retention of your Federal firearms license is conditioned upon your compliance with Federal laws and regulations. Any future violations, either repeat or otherwise, could be viewed as willful and may result in the revocation of your license. Please ensure that future compliance is achieved.

Scott Samson
6-02-005-07-7J-01974

Should you have any questions regarding this matter, please contact (b)(6), Area Supervisor, at (b)(6).

Sincerely yours,

(b)(6)

Area Supervisor
Boston Area Office

cc: Federal Firearms Licensing Center
Boston Group V
Director, Industry Operations, Boston Field Division

Report of Violations

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor SAMSON MFG CORP. SAMSON MFG	Street Address 4 FORGE ST	City KEENE	State NH	Zip Code 03431-	County CHESHIRE	Page 1 of 1 Pages
License/Permit/Registry Number (If any) 602005077J01974		Expiration Date 9/1/2017	Date(s) or Period of Inspection 11/14/2015 through 11/14/2016			

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 1

Nature of Violation:

(b) (3) - Public Law 112-55 (125 Stat. 552), (b) (3) - (26 USC § 6103)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

(b) (3) - (26 USC § 6103)

Citation: 27 CFR 478.36

I Have Received a Copy of This Report (b)(6) and title)

Date

1/5/17

Signature and Title of ATF Officer

(b)(6)

IoT

Date

1-5-17

For Official Use Only

ATF E-Form 5030.5

Revised April 2005

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Samson Mfg Corp
32 Optical Ave
Keene, NH 03431
ATTN: Scott Samson

2. Article Number

(Transfer from service label)

7006 0810 0002 6795 7552

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

2017-0025

Postmark
Here

6-02-01974

Sent To

Samson Mfg Corp

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Keene, NH 03431

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL™

7006 0810 0002 6795 7552
7006 0810 0002 6795 7552