

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Armor Specialties LLC 3234 Peters Mountain Rd Halifax, PA 17032, Dauphin		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 766085-2017-0047-B1B		
		3. PERMIT/LICENSE NUMBER 823043077C04803	4a. TARGET DATE	4b. TARGET HOURS
		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 M&I - refer to domain assessment and IOI handbook for instructions.				
9. INSPECTION RESULTS <input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC				
NO. OF VIOLATIONS	2	NO. OF REFERRALS		10. TRAVEL EXPENSES (OPTIONAL)
NO. OF TECS CHECKS	10	NO. OF TECS HITS		2111 - PER DIEM
NO. OF TAX ADJUSTMENTS		\$ VALUE OF TAX INCREASES		2112 - P.O.A.
		\$ VALUE OF TAX DECREASES		2113 - COMM. AIR
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS		2114 - RENTAL CAR
NO. OF CLAIMS		\$ VALUE OF CLAIMS		2115 - GPV EXPENSES
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED		2116 - MISC.
				TOTAL \$ FOR INSP.
11. ATF OFFICER'S RECOMMENDATION Submitted by (b)(6) Industry Operations Investigator Submitted on: 01/24/2017 Viols WL ONLY and Recall Inspection				
12. TIME ACCOUNTING DATA				
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)		
DEC 2016	16.00			
JAN 2017	18.50			
ATF OFFICER'S SUBTOTAL	34.50	ATF OFFICER'S SIGNATURE		
TOTAL HOURS	34.50			

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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

Armor Specialties LLC
3234 Peters Mountain Rd.
Halifax, PA 17032 - Dauphin County

RDS: 8-23-04803

Lead ID: (b)(6)

Summary: On 12/29/2016 a M&I compliance inspection was completed on the above. Two violations were cited resulting in a warning letter being sent on 1/31/2017.

Request FLS be updated to reflect this inspection.
Recommend Renewal.

Email sent to:

FEL Actions Philadelphia
(b)(6)

Viols WL ONLY and No Recall Inspection

☒ REVIEWED

☒ CONCUR

☒ SEE COMMENTS

☒ FINAL DISPOSITION

SIGNATURE AND TITLE

(b)(6) - Area Supervisor

(b)(6)

REVIEW DATE

01/31/2017

ROUTING SEQUENCE AND DATE

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

CONTROL FILE POSTED DATE _____



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

www.atf.gov

January 31, 2017

766085(b)(6)
5373

Armor Specialties LLC
3234 Peters Mountain Rd
Halifax, PA 17032
FFL#: 8-23-043-07-7C-04803

Dear Armor Specialties LLC:

During a recent compliance inspection at your firearms business covering the period of December 28, 2015 through December 28, 2016, you were cited for violations of 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) inspector. You indicated that you understood the requirements of the firearms laws and regulations. You further indicated 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 effort 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.

Armor Specialties LLC

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.

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

(b)(6)

Sincerely yours,

(b)(6)

Enclosure

c: National Licensing Center
Philadelphia 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 Armor Specialties LLC	Street Address 3234 Peters Mountain Rd	City Halifax	State PA	Zip Code 17032-	County Dauphin	Page 1 of 2 Pages
License/Permit/Registry Number (If any) 823043077C04803	Expiration Date 3/1/2017	Date(s) or Period of Inspection 12/28/2016 through 12/29/2016				

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:

The licensee failed to comply with 27 CFR 478.126a in that (b)(3) - 112 Pub occasions involving a total (b)(3) - 112 Pub firearms the licensee failed to forward to the ATF completed copies of ATF Forms 3310.4 Report of Multiple Sale or Other Disposition of Pistols and Revolvers following the sale of two or more hand guns to an unlicensed person at one time or during any five consecutive business days. The regulation states, "Each licensee shall prepare a report of multiple sales or other disposition whenever the licensee sells or otherwise disposes of, at one time or during any five consecutive business days, two or more pistols, or revolvers, or any combination of pistols and revolvers totaling two or more, to an unlicensed person... Not later than the close of business on the day that the multiple sale or other disposition occurs, the licensee shall forward two copies of Form 3310.4 to the ATF..."

Citation: 27 CFR 478.126a

Date Corrections to be Made:
(If not corrected immediately)

Corrective Action to be Taken:
(If not corrected immediately)

The licensee supplied IOI (b)(6) with copies of the ATF Forms 3310.4 Report of Multiple Sale or Other Disposition of Pistols and Revolvers and forwarded copies to the ATF Tracing Center and local law enforcement. The licensee stated that he will ensure that in the future an ATF Form 3310.4 is completed whenever the licensee sells or otherwise disposes of, at one time or during any five consecutive business days, two or more pistols, or revolvers, or any combination of pistols and revolvers totaling two or more, to an unlicensed person and that the forms are forwarded to the ATF no later than the close of business on the day that the multiple sale or other disposition occurs.

Report of Violations

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License/Permit/Registry Number (If any) 823043077C04803	Expiration Date 3/1/2017	Date(s) or Period of Inspection 12/28/2016 through 12/29/2016				

Inspection Results

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

Number: 2

Nature of Violation:

The licensee failed to ensure that Section A of the ATF F 4473 was completed by the customer as required prior to the sale or transfer of a firearm to a non-licensee. Instance: ATF Form 4473 Items 16- Transferee's/Buyer's Signature and 17- Certification Date were blank.

Citation: 27 CFR 478.124(c)(1)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee was advised that they must ensure that the ATF F 4473 is completed as required prior to the sale or transfer of a firearm to a non-licensee.

I Have Received a Copy of This Report of Violations (Proprietor's signature and title)

Date

Signature and Title of ATF Officer

Date

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:

Armor Specialties LLC
3234 Peters Mountain Rd.
Halifax, PA 17032

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 1140 0003 9593 0413

Domestic Return Receipt

102596-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ 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 ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM 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	\$

Postmark
Here

Sent to

Armor Specialties LLC
3234 Peters Mountain Rd.
Halifax, PA 17032

PS Form 3811, August 2003

See Reverse for Instructions