Assignment and Report

1. OPERATING NAME AND A (INCLUDE ZIP CODE AND			2 III NUMBER (ODG SEC CODE ACCIONMENTAIO DDC)						
THE TOP OF			2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 773015-2016-0224-B1B						
Arnold, Timmy Alan Bealsville Gun Shop	5551117		3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOURS 434111017K00650 9/30/2016						
51911 Run Road Bealsville,OH 43716, M	Monroe		5. REQUESTED B	Y (SIGNATURE, TITLE AND DATE)	i e				
6. ATF OFFICER(S) ASSIGNE (b) (6) - Lead	ED I Investiga	ator	<u> </u>						
7. ASSIGNED BY (SIGNATUR									
A STATE OF THE PARTY OF THE PAR	The many	r, 12/07/2015							
8. PURPOSE/SPECIAL INST	RUCTIONS	S	de la						
				Firearms Inspections and FY 1 in advanced by Area Supervisor					
9. INSPECTION RESULTS	ПСНЕ	ECK IF NO VIOLATIONS, ADJ	USTMENTS, ETC.	10. TRAVEL EXPENSES (O	PTIONAL)				
NO. OF VIOLATIONS	5	NO. OF REFERRALS		1 2111 - PER DIEM					
NO. OF TECS CHECKS	24	NO. OF TECS HITS		2112 - P.O.A.					
NO. OF TAX		\$ VALUE OF TAX INCREAS	ES	2113 - COMM. AIR					
ADJUSTMENTS		\$ VALUE OF TAX DECREAS	SES	2114 - RENTAL CAR					
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENT	S	2115 - GPV EXPENSES					
NO. OF CLAIMS		\$ VALUE OF CLAIMS		2116 - MISC.					
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIF	IFD	TOTAL \$ FOR INSP.					
11. ATF OFFICER'S RECOMI Submitted by (b) (6)	- Indu			TO THE STORMOL.					
11. ATF OFFICER'S RECOMI Submitted by (b) (6) Submitted on: 02/11/20'A Warning Letter is warn Tim Alan Arnold transfer Ohio A recommendati inspection period (.02%)	- Indu	stry Operations Investigato sed on Licensee's single tra 3) - Public Law 112-5 Recall inspection is made I discrepancies between A&	r ansfer of a long gun to a r 5 (125 Stat. 552), (b based on only one) forms of	resident of a State that prohibits	ess premises in wed for				
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U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND ADDRESS	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)						
(INCLUDE ZIP CODE AND COUNTY)	773015-2016-0224-B1B						
Arnold, Timmy Alan	3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOURS						
Bealsville Gun Shop	434111017K00650 9/30/2016						
51911 Run Road Bealsville,OH 43716, Monroe	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)						
ROUTING SEQUENCE AND DATE							
<u> </u>							
2	CONTROL FILE POSTED DATE						
3							
4							



U.S. Department of Justice

Bureau of Alcohol, Tobacco, Fired Main Street, Room 8-507 Cincinnati, OH 45202

FEB 1 1 2016

www.atf.gov

773015:**(b) (6)** 5373

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Timmy Alan Arnold Bealsville Gun Shop 51911 Run Road Bealsville, OH 43716

4-34-111-01-7K-00650

Dear Mr. Arnold:

During a recent compliance inspection at your firearms business covering the period of January 28, 2015, through January 29, 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) investigator. 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.

Arnold, Timmy Alan

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 Industry Operations Investigator, (b) (6) and at (b) (6).



Enclosure

cc: National Licensing Center Cincinnati II (IO) Field Office Correspondence File

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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 Arnold, Timmy Alan Bealsville Gun Shop	Street Address 51911 Run Road		City Bealsville		State OH	Zip Code 43716-	County Monroe	Page 1 of 6 Pages
License/Permit/Registry Number (If any) 434111017K00650		Expiration Date 10/1/2017			Date(s) or Period of Inspection 01/28/2016 through 01/29/2016			

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:

form to provide all of the information called for in each form as indicated by the headings on the form and the instructions on or pertaining to the form. Specifically:

-Licensee failed on form to properly record information in Block 30a. Total Number of Firearms. Licensee failed to complete required information (b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)

Citation: 27 CFR 478.21(a)

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

(If not corrected immediately)

Corrective Action to be Taken: The licensee will furnish all of the information called for in each form as indicated by the headings on the form and the instructions on or pertaining to the form, on all future instances.

> 101 (b) (6) investigated and the firearms transferred using the eTrace and OpenFox databases. No significant discoveries were returned

***								= 1
Please write firmly with a ball point pen when representative. The remaining copies will be s	completing this form. AT	F officers will prepare this	ections s form in triplic ervisors will do	cate. The or	iginal co py from	py will be given the completed re	to the proprietor or a reseport for their files.	sponsible
Name of Proprietor Arnold, Timmy Alan Bealsville Gun Shop	Street Address 51911 Run Road	City Bealsvi			State OH	Zip Code 43716-	County Monroe	Page 2 of 6 Pages
License/Permit/Registry Number (If any) Expiration Dat 434111017K00650 10/1/2017				Date(s) or Period of Inspection 01/28/2016 through 01/29/2016				
			on Results					
An examination of your premises, records and	operations has disclosed t	he following violations w	hich have beer	explained	to you:			
Number: 2 Nature of Violation: Licensee failed on forms to obtain a before transferring a firearm showing their n height, weight, state of residence, and certific prohibited from receiving or possessing a firm (b) (3) - Public Law 112	cation from the transferee earm. Specifically:	ss, date and place of birth, that they are not	Corrective (If not corr	ected imme	<i>diately)</i> e Taken	: The licensee w the purchaser name, sex, resi weight, state o transferee that	vill obtain a complete Al before transferring a fire idence address, date and if residence, and certifica they are not prohibited irearm, on all future insta	earm showing their I place of birth, height, ation from the from receiving or
(b) (3) - Fublic Law 112	2-33 (123 Sta	at. 332), (b) (t	5)				(b)(3) 112 Public Law 56 (vestigated formed to them using the constitution of the significant discoveries to	eTrace and OpenFox
Citation: 27 CFR 478 124(eV1)								

Street Address 51911 Run Road		City	- 12					
J1711 Kull Koau	City Bealsville			State OH	Zip Code 43716-	County - Monroe	Page 3 of 6 Pages	
-	A A STATE OF THE S		BUTCHEST AND THE SHOP					
		10/1/2017 Inspec	10/1/2017 Inspection Results	10/1/2017 01/28/20 Inspection Results	10/1/2017 01/28/2016 throu	10/1/2017 01/28/2016 through 01/29/2016 Inspection Results	10/1/2017 01/28/2016 through 01/29/2016 Inspection Results	

Number: 3

Nature of Violation:

Licensee failed on overify the purchaser's identity by examining the identification document (as defined in 478.11) presented, and noting on the ATF Form 4473 the type of identification used, the number of the identification, and the expiration date of the identification. Specifically:

-Licensee failed on [9/3] 112 Poor forms to properly record information in Block 20b. Alternate Documentation. Information provided by transferee in Block 2. Current Residence Address did not match information provided in Block 13. State of Residence or Block 20a. Identification. Licensee failed to document any provided alternate, documentation showing transferre's official residence(b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6) (b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)

-Licensee failed on [0][0][12200] form to properly complete information in Block 20a. Identification. Licensee failed to ensure identification document provided by transferee was valid, Government issued, contained a photograph and showed transferee's current residence. Licensee accepted expired identification for transfer of a firearm to

Citation: 27 CFR 478.124(c)(3)(i)

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

(If not corrected immediately)

Corrective Action to be Taken: The licensee will verify the purchaser's identity by examining the identification document (as defined in 478.11) presented, and shall note on the ATF Form 4473 the type of identification used, the number of the identification. and the correct expiration date of the identification, on all future instances.

> (b) (6) (investigated (b)(3) 112 Public Law 55 125 STAT 552 (b)(6) and the firearms transferred using the eTrace and OpenFox databases. No significant discoveries were returned.

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 Street Address City State Zip Code County Page 4 of Amold, Timmy Alan 51911 Run Road Bealsville OH 43716-Monroe 6 Pages Bealsville Gun Shop License/Permit/Registry Number (If any) **Expiration Date** Date(s) or Period of Inspection 434111017K00650 10/1/2017 01/28/2016 through 01/29/2016 Inspection Results An examination of your premises, records and operations has disclosed the following violations which have been explained to you: Number: 4 Date Corrections to be Made: (If not corrected immediately) Nature of Violation: Corrective Action to be Taken: The licensee will comply with the requirements of 478,102 Licensee failed on forms to comply with the requirements of 478.102 and record on the and record on the ATF Form 4473 the date on which the (If not corrected immediately) ATF Form 4473 the date on which the licensee contacted the NICS, as well as any response licensee contacted the NICS, as well as any response provided by the system, including any identification number provided by the system. provided by the system, including any identification number Specifically: provided by the system, on all future instances. - Licensee failed on forms to properly record the information in Block 21b. The NICS NICS Transaction Numbers (NTN) provided on the FFL or State Transaction number, as required (b) (3) - Public Law 112-55 (125 Stat. 552), (b) Audit Log for the 60 days prior to the inspection were matched to NTNs on reviewed forms. NTNs were missing ATF Forms 4473 cited in this violation. IOI - Licensee failed on the information in Block 21c. The (b) (6) investigated the multiple entries with valid NTN response provided by NICS or the appropriate State agency, as required numbers and proceed responses listed for each of the transfer dates on the forms cited. For each date a single entry on the

information in Block 21b on the cited forms.

audit log was unable to be validated against reviewed forms. NTN entries not validated against forms reviewed matched the transfer dates for the cited forms. Indications are these NTNs correspond to the missing

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 Arnold, Timmy Alan Bealsville Gun Shop	Street Address 51911 Run Road		City Bealsville		State OH	Zip Code 43716-	County Monroe	Page 5 of 6 Pages
License/Permit/Registry Number (If any) 434111017K00650		Expiration Date 10/1/2017			Date(s) or Period of Inspection 01/28/2016 through 01/29/2016			

Inspection Results

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

firearms using the cTrace and OpenFox databases. No significant discoveries were returned.

IOI (b) (6) amended the ATF Form 5030.5 Report of Violations page 4 of 4 Violation #4 [27 CFR 478.125(c)(3)(iv)]. (b)(3) - Public Law 112-55 (125 Sial. 552), (b) (6)

(b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)

Citation: 27 CFR 478.124(c)(3)(iv)

Please write firmly with a ball point pen when correpresentative. The remaining copies will be subm	npleting this form. ATF	officers will prepare th	ructions is form in triplica pervisors will det	ate. The orig	ginal cop py from (by will be given the completed rep	o the proprietor or a roort for their files.	responsible
Name of Proprietor	Name of Proprietor Street Address				State	Zip Code	County	Page 6 of
Arnold, Timmy Alan Bealsville Gun Shop	51911 Run Road		City : Bealsville (OH	43716-	Monroe	6 Pages
License/Permit/Registry Number (If any)		Expiration Date Da		Date(s) or	Date(s) or Period of Inspection			
434111017K00650	_	10/1/2017		01/28/201	6 throu	gh 01/29/2016		
			ion Results					
An examination of your premises, records and ope	rations has disclosed th	e following violations	vhich have been	explained to	o you:			
Number: 5 Nature of Violation: Licensee failed on to halt the transferesides in a State wherein State law prohibits or (b) (3) - Public Law 112-5 Citation: 27 CFR 478.99(a)	. Specifically:	(ij noi corre	cted immed ction to be	<i>liately)</i> e Taken:	occur to out-of- allow the transi handguns or re- IOI(b) (6) no rifle using the c	er. Licensee shall en	ein the state law does not sure no transfers of out-of-state residents. and transferred databases. No	
I Have Received a Copy of This Report of Violations	(Proprietor's signate	ure and title)						Date
Signature and Title of ATF Officer						Date		