

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) HALL, ANDREW HARRISON PROFIRE ARMS & SUPPLY 519 KENTUCKY AVENUE INDIANAPOLIS, IN 46225, MARION	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 773075-2016-0117-B1B		
	3. PERMIT/LICENSE NUMBER 435097077M04393	4a. TARGET DATE 3/30/2016	4b. TARGET HOURS
	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		

6. ATF OFFICER(S) ASSIGNED
(b)(3) 112 Public Law 55 125 STAT 552 - Lead Investigator

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)
(b)(3) 112 Public Law 55 125 STAT 552, ACTING Area Supervisor, 01/07/2016

8. PURPOSE/SPECIAL INSTRUCTIONS
FULL COMPLIANCE-100% INVENTORY REQUIRED. IF FFL HAS FAILED TO FILE ANNUAL MANUF REPORT, PLEASE OBTAIN COPY AND HAVE REPORT FILED.

The Firearms and Explosives Services Division has created a NEW Annual Firearms Manufacturing and Exportation Report, Form 5300.11 (AFMER) request e-mail box. Any IOIs requesting information on firearms manufacturers' production reports may send requests to the e-mail address AFMERrequests@atf.gov. The following information should be provided with all requests for copies of past AFMER forms: 1) licensee name, 2) license number, and 3) filing periods desired, 4) name and contact phone number of requestor.

Note: Please do not confuse the new IOI request mailbox with the AFMER2@atf.gov e-mail address, which is for use by industry members' when electronically submitting their AFMER forms to ATF.

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	7	NO. OF REFERRALS		2111 - PER DIEM	
NO. OF TECS CHECKS		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: 05/11/2016

Industry Operations Investigators (IOI) (b)(6) and (b)(6) initiated a compliance inspection on 03/25/2016. The period of inspection covered between 03/25/2015 and 03/25/2016.

The compliance inspection was initiated with no advance notice given.

Responsible Person (RP) / Owner Andrew Hall was present during the entire inspection.

Report of Violations issued.

The licensee was cited for seven violations; none of the violations rose above the level of a Warning Letter. The licensee had 76 ATF Forms on file for the inspection period and only 1 forms had violations.

Recommend a Warning Letter and Recall Inspection.

Viols WL ONLY and Recall Inspection

12. TIME ACCOUNTING DATA

ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)
MAR 2016	31.50
APR 2016	14.50

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) HALL, ANDREW HARRISON PROFIRE ARMS & SUPPLY 519 KENTUCKY AVENUE INDIANAPOLIS, IN 46225, MARION	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 773075-2016-0117-B1B		
	3. PERMIT/LICENSE NUMBER 435097077M04393	4a. TARGET DATE 3/30/2016	4b. TARGET HOURS
	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		

12. TIME ACCOUNTING DATA

ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)
MAY 2016	2.00
ATF OFFICER'S SUBTOTAL	48.00
ATF OFFICER'S SIGNATURE	
TOTAL HOURS	48.00

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

An unannounced compliance inspection was initiated on 3/25/16 on RP Andrew Hall. This was the licensee's first compliance inspection since becoming licensed in 2011. RP Hall was cited for seven violations, 27 CFR 478.21(a), 27 CFR 478.124(c)(1), 27 CFR 478.124(c)(3)(i), 27 CFR 478.124(c)(3)(iv), 27 CFR 478.124(c)(4), 27 CFR 478.124(c)(5), and 27 CFR 478.125(e); none of which rose above the level of a Warning Letter. The licensee had 76 ATF Forms on file for the inspection period and only 1 forms had violations.

Viols WL ONLY and Recall Inspection

☒ REVIEWED

☒ CONCUR

☐ SEE COMMENTS

☒ FINAL DISPOSITION

SIGNATURE AND TITLE (b)(6) - Industry Operations Investigator	REVIEW DATE 05/10/2016
--	---------------------------

ROUTING SEQUENCE AND DATE

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

CONTROL FILE POSTED DATE _____

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 HALL, ANDREW HARRISON PROFIRE ARMS & SUPPLY	Street Address 519 KENTUCKY AVENUE	City INDIANAPOLIS	State IN	Zip Code 46225-	County MARION	Page 1 of 4 Pages
License/Permit/Registry Number <i>(If any)</i> 435097077M04393		Expiration Date		Date(s) or Period of Inspection 03/25/2016 through 03/31/2016		

Inspection Results

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

Number: 1	Date Corrections to be Made: <i>(If not corrected immediately)</i>
Nature of Violation: A review of the licensee's 76 ATF Forms 4473 revealed that on (b)(3) form, the licensee failed to ensure the transferee entered the correct information. (b)(3) 112 Public Law 55 125 STAT 552	Corrective Action to be Taken: The licensee was instructed how to verify that Section A of the ATF Form 4473 was properly completed. <i>(If not corrected immediately)</i>
Citation: 27 CFR 478.124(c)(1)	
Number: 2	Date Corrections to be Made: <i>(If not corrected immediately)</i>
Nature of Violation: A review of the licensee's 76 ATF Forms 4473 revealed that on (b)(3) forms the following errors occurred: (b)(3) 112 Public Law 55 125 STAT 552 (b)(6)	Corrective Action to be Taken: The licensee was instructed how to verify that Section B of the ATF Form 4473 was properly completed. <i>(If not corrected immediately)</i>
Citation: 27 CFR 478.124(c)(3)(i)	

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

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 HALL, ANDREW HARRISON PROFIRE ARMS & SUPPLY	Street Address 519 KENTUCKY AVENUE	City INDIANAPOLIS	State IN	Zip Code 46225-	County MARION	Page 2 of 4 Pages
License/Permit/Registry Number <i>(If any)</i> 435097077M04393		Expiration Date		Date(s) or Period of Inspection 03/25/2016 through 03/31/2016		

Inspection Results

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

Number: 3

Nature of Violation:
A review of the licensee's 76 ATF Forms 4473 revealed that on (b)(3) form, the following errors occurred:
(b)(3) 112 Public Law 55 125 STAT 552 (b)(6)
Citation: 27 CFR 478.124(c)(3)(iv)

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

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

The licensee was instructed how to properly record NICS information on the ATF Form 4473.

Number: 4

Nature of Violation:
A review of the licensee's 76 ATF Forms 4473 revealed the on (b)(3) form the following errors occurred.
(b)(3) 112 Public Law 55 125 STAT 552 (b)(6)
Citation: 27 CFR 478.124(c)(4)

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

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

The licensee will properly record all firearm information in Section D on the ATF Form 4473.

For Official Use Only

November 1 2019 Production

628

ATF E-Form 5030 5
Revised April 2005

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 HALL, ANDREW HARRISON PROFIRE ARMS & SUPPLY	Street Address 519 KENTUCKY AVENUE	City INDIANAPOLIS	State IN	Zip Code 46225-	County MARION	Page 3 of 4 Pages
License/Permit/Registry Number <i>(If any)</i> 435097077M04393		Expiration Date		Date(s) or Period of Inspection 03/25/2016 through 03/31/2016		

Inspection Results

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

Number: 5

Nature of Violation:

A review of the licensee's 76 ATF Forms 4473 revealed that on (b)(3) forms the following errors occurred.

(b)(3) 112 Public Law 55 125 STAT 552 (b)(6)



Citation: 27 CFR 478.124(c)(5)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee will ensure that #34, Transferor's/ Seller's Signature, & #36, Date Transferred, are completed for all firearm transfers.

Number: 6

Nature of Violation:

1) A complete review of the licensee's Acquisition and Disposition (A&D) record and inventory determined that the licensee failed to correctly enter acquisition information for (b)(3) firearms.

(b)(3) 112 Public Law 55 125 STAT 552



2) A review of the licensee's A&D record determined that the licensee was maintaining his A&D record using an Excel Spreadsheet. Per ATF Ruling 2013-5 this is an unapproved format.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee was instructed to correct the A&D record and reminded of the importance of accurately maintaining the A&D bound book and was advised to conduct periodic inventories of all firearms. The licensee also purchased an A&D bound book and transferred all information from the Excel spreadsheet to the bound book.

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

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 HALL, ANDREW HARRISON PROFIRE ARMS & SUPPLY	Street Address 519 KENTUCKY AVENUE	City INDIANAPOLIS	State IN	Zip Code 46225-	County MARION	Page 4 of 4 Pages
License/Permit/Registry Number <i>(If any)</i> 435097077M04393		Expiration Date		Date(s) or Period of Inspection 03/25/2016 through 03/31/2016		

Inspection Results

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

Citation: 27 CFR 478.125(e)

Number: 7

Nature of Violation:

A review of the licensee's 76 ATF Forms 4473 revealed that on

DOJ

 forms, the following errors occurred:

(b)(3) 112 Public Law 55 125 STAT 552 (b)(6)

Citation: 27 CFR 478.21(a)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee was instructed how to properly complete the ATF Form 4473.

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

Date

Signature and Title of ATF Officer

Date

For Official Use Only

November 1 2019 Production

630

ATF E-Form 5030 5
Revised April 2005



U.S. Department of Justice

Bureau of Alcohol, Tobacco
Firearms & Explosives
151 N. Delaware Street, Suite 1000
Indianapolis, IN 46204
(317) 287-3500 (317) 287-3502 FAX

www.atf.gov

May 24, 2016

773075-**(b)(6)**
5373

Mr. Andrew Harrison Hall
Profire Arms & Supply
519 Kentucky Avenue
Indianapolis, IN 46225

FFL: 4-35-097-01-7M-04393

Dear Mr. Hall:

During a compliance inspection at your firearms business covering the period of March 25, 2015 through March 25, 2016, you were cited for violations of 27 Code of Federal Regulations, Part 478. The violations were discussed with you during the inspection. A copy of the Report of Violations, Form 5035.5, 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) Industry Operations Investigator(s). 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 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. 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.

Andrew Harrison Hall

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

Sincerely yours,

(b)(6)

Area Supervisor

Enclosure

C: National Licensing Center
Indianapolis Area Office