

## Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) J&J O A T LLC Cocked & Locked 1591 Silas Kanawha 2 Mile Road Charleston, WV 25312, KANAWHA	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 775060-2016-0050-B1B		
	3. PERMIT/LICENSE NUMBER 455039078L02490	4a. TARGET DATE 6/15/2016	4b. TARGET HOURS
	5. REQUESTED BY (SIGNATURE, TITLE AND DATE) 10/16/2015		

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

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)  
(b)(6), Area Supervisor, 10/16/2015

8. PURPOSE/SPECIAL INSTRUCTIONS  
Please conduct a Disposition Emphasis compliance inspection, to include a complete inventory and review of all ATF Forms 4473 available for the inspection period. Verify ownership, responsible persons status, and contact information. Document each finding, and enter all required information into N-SPECT.

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	2	NO. OF REFERRALS		2111 - PER DIEM
NO. OF TECS CHECKS	2	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) - Senior Industry Operations Investigator

Submitted on: 05/13/2  
On April 27, 2016, SI (b)(6) commenced a manufacturer of firearms compliance inspection of J&J OAT LLC (45502490). Mr. William Hancock, member and RP was interviewed. Since the licensee operates on limited hours, SI (b)(6) provided advance notification of the inspection. The period of inspection was April 27, 2015 through April 27, 2016. The on-site end date of the inspection was May 2, 2016.

SI (b)(6) found two violations during this compliance inspection. 27 CFR 478.124(c)(1), accepting an ATF Form 4473 with no certification signature or date at Items 16 and 17; and 27 CFR 478.126a, failure to report the multiple sale or other disposition of handguns.

One of the violations, 27 CFR 478.126a, failure to report the multiple sale or other disposition of handguns, warrants a Warning Letter.

S (b)(6) issued a Report of Violations and recommends violations, warning letter only, no recall inspection.

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
APR 2016	8.00		
MAY 2016	18.00		
ATF OFFICER'S SUBTOTAL	26.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS	26.00		

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	5. REQUESTED BY (SIGNATURE, TITLE AND DATE) 10/16/2015		

### 13. REVIEW AND ROUTING

#### REVIEW COMMENTS AND RECOMMENDATION

SIOI (b)(6) conducted a Disposition Emphasis (DE) compliance inspection on J&J Oat LLC. As a result of the inspection violations were cited and a Warning Letter was Recommended with no recall inspection. I concur with SIOI (b)(6)'s recommendation.

Viols WL ONLY and No Recall Inspection

☒ REVIEWED

☒ CONCUR

☐ SEE COMMENTS

☒ FINAL DISPOSITION

#### SIGNATURE AND TITLE

(b)(6) - Area Supervisor

#### REVIEW DATE

05/16/2016

#### ROUTING SEQUENCE AND DATE

- ☐ 1. \_\_\_\_\_
- ☐ 2. \_\_\_\_\_
- ☐ 3. \_\_\_\_\_
- ☐ 4. \_\_\_\_\_

CONTROL FILE POSTED DATE \_\_\_\_\_



**U.S. Department of Justice**

**Bureau of Alcohol, Tobacco,  
Firearms and Explosives**

**300 Summers Street, Suite 1400  
Charleston, West Virginia 25301**

May 16, 2016

[www.atf.gov](http://www.atf.gov)

775060: (b) (6)  
5300

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

**Certified Mail-Return Receipt Requested**

Mr. William Hancock  
J&J OAT LLC d/b/a Cocked and Locked  
1591 Silas Kanawha 2 Mile Road  
Charleston, West Virginia 25312

Dear Mr. Hancock:

During a recent compliance inspection at your firearms business covering the period of April 27, 2015 through April 27, 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 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.

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.

Mr. William Hancock

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

Sincerely yours,

(b)(6)

Area Supervisor  
Charleston II Field Office (IO)

Enclosure

cc: National Licensing Center  
Director, Industry Operations Louisville Field Division  
Charleston II (IO) Field Office

## 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 J&J OAT LLC Cocked & Locked	Street Address 1391 Silas Kanawha 2 Mile Road	City Charleston	State WV	Zip Code 25312	County KANAWHA	Page 1 of 2 Pages
License/Permit/Registry Number (if any) 455039078102490		Expiration Date		Date(s) or Period of Inspection 04/27/2015 through 04/27/2016		

### 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:

On <sup>10/2/15</sup> occasions the licensee failed to report the multiple sale or other disposition of handguns (pistols or revolvers).

#### Date Corrections to be Made:

(If not corrected immediately)

#### Corrective Action to be Taken:

(If not corrected immediately)

The licensee was instructed in the correct procedure for reporting the multiple sales or other dispositions of handguns.

The licensee completed ATF Form 3310.4, Report of Multiple Sale or Other Disposition of Handguns (Pistols or Revolvers) for the transactions identified.

Citation: 27 C.F.R. 478.126a

Number: 2

#### Nature of Violation:

On <sup>10/2/15</sup> occasion the licensee accepted an ATF Form 4473 with missing (blank) responses to Section A, Items 16, "Transferee's/Buyer's Signature" and 17, "Certification Date."

#### Date Corrections to be Made:

(If not corrected immediately)

#### Corrective Action to be Taken:

(If not corrected immediately)

The licensee was instructed in the correct procedure for completion and review of ATF Forms 4473.

A background check was conducted on the individual identified to have failed to provide a certification signature and 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 J&J OAT LLC Cocked & Locked	Street Address 1591 Silas Kanawha 2 Mile Road	City Charleston	State WV	Zip Code 25312-	County KANAWHA	Page 2 of 2 Pages
License/Permit/Registry Number (If any) 45503907AL02490		Expiration Date	Date(s) or Period of Inspection 04/27/2015 through 04/27/2016			

### Inspection Results

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

Citation: 27 CFR 478.124(c)(1)

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

Signature and Title of ATF Officer

(b)(6)

Special Agent in Charge

Date 5/2/16

Date 5/2/16

For Official Use Only

DEPARTMENT OF JUSTICE  
ALCOHOL, TOBACCO, FIREARMS  
AND EXPLOSIVES

100 Summers Street  
Charleston, WV 25301

POSTAGE AND FEE FOR PRIVATE USE \$300

**CERTIFIED MAIL**



7007 0710 0003 1619 7700



Mr. William Hancock  
J&J OAT LLC d/b/a Cocked and Locked  
1591 Silas Kanawha 2 Mile Road  
Charleston, West Virginia 25312

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:**

Mr. William Hancock  
J&J OAT LLC d/b/a Cocked and Locked  
1591 Silas Kanawha 2 Mile Road  
Charleston, West Virginia 25312



9590 9403 0230 5148 0448 46

**2. Article Number (Transfer from service label)**

7007 0710 0003 1619 7700

PS Form 3811, April 2015 PSN 7530-02-000-9053

**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**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p>X B. Received by (Printed Name)</p>																	
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 9590 9403 0230 5146 0448 46		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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