

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) CIMA, JOHN D. DDS 13190 N. MAIN ST. SOMERVILLE, TN 38068, FAYETTE	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 776055-2017-0098-B1B		
	3. PERMIT/LICENSE NUMBER 162047018L18459	4a. TARGET DATE	4b. TARGET HOURS
	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		

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

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

8. PURPOSE/SPECIAL INSTRUCTIONS

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	5	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: 11/18/2016

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
NOV 2016	46.00		
ATF OFFICER'S SUBTOTAL	46.00	ATF OFFICER'S SIGNATURE	
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
NOV 2016	25.00		
ATF OFFICER'S SUBTOTAL	25.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS	71.00		

13. REVIEW AND ROUTING
REVIEW COMMENTS AND RECOMMENDATION
Viols WL ONLY and No Recall Inspection

<input checked="" type="checkbox"/> REVIEWED	<input checked="" type="checkbox"/> CONCUR	<input type="checkbox"/> SEE COMMENTS	<input type="checkbox"/> FINAL DISPOSITION
SIGNATURE AND TITLE (b)(6) - Area Supervisor		REVIEW DATE 11/21/2016	

Assignment and Report

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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

The DIO concurs with the alternate recommendation of warning letter and no recall inspection in lieu of a warning conference. This licensee is a low volume dealer so the percentage of errors is higher than usual. In addition, a warning conference would be warranted due to repeated violations from a previous inspection. However, the last inspection of this licensee was back in 2003. Lastly, the IOI believes that this licensee has made the necessary changes to his internal controls to ensure future compliance.

Viols WL ONLY and No Recall Inspection

☒ REVIEWED

☒ CONCUR

☒ SEE COMMENTS

☒ FINAL DISPOSITION

SIGNATURE AND TITLE

KLBOYDSTON - Director, Industry Operations

REVIEW DATE

02/16/2017

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 CIMA, JOHN D. DDS	Street Address 13190 N. MAIN ST.	City SOMERVILLE	State TN	Zip Code 38068-	County FAYETTE	Page 1 of 4 Pages
License/Permit/Registry Number (If any) 162047018L18459		Expiration Date 11/1/2018		Date(s) or Period of Inspection 11/10/2016 through 11/15/2016		

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:

Failure to timely and/or correctly record (b)(3) 112 Pub firearm acquisition entry and (b)(3) 112 Pub disposition entries.

1) In (b)(3) 112 instance the serial number was recorded incorrectly.

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

2) In (b)(3) 112 instance the licensee recorded the disposition for a firearm still in inventory.

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

3) In (b)(3) 112 instance the licensee failed to record the disposition.

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

4) In (b)(3) 112 instance the licensee failed to record the name and address.

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

5) In (b)(3) 112 instance the licensee failed to record the address in the disposition.

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

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

No later than the close of the next business day the licensee will record the name and address or name and (FFL) license number of the person from whom the firearm is received, the date received, type, model, caliber or gauge, and serial number for each firearm acquired; and within 7 days record the name and address or name and (FFL) licensee number for whom the firearm was transferred to.

Citation: 27 CFR 478.125(e)

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Name of Proprietor CIMA, JOHN D. DDS	Street Address 13190 N. MAIN ST.	City SOMERVILLE	State TN	Zip Code 38068-	County FAYETTE	Page 2 of 4 Pages
License/Permit/Registry Number (If any) 162047018L18459	Expiration Date 11/1/2018	Date(s) or Period of Inspection 11/10/2016 through 11/15/2016				

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:

Failure to complete ATF forms as the instructions and headings on the forms indicate, in that the licensee failed to complete at least (b)(3) 112 Public Law 55 ATF Forms 4473 properly.

1) In (b)(3) 112 instances, Item 10a was left blank and no FFL name and address were printed in Item 31 & 33.

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

2) In (b)(3) 112 instance, Item 10a was left blank and an incorrect recertification date was recorded Item 25.

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

3) In (b)(3) 112 instances, no FFL name and address were printed in Item 31 & 33.

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

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee will conduct a thorough review of the Firearms Transaction Record before a transfer and will ensure the required information is printed on the ATF Form 4473.

Report of Violations

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Name of Proprietor CIMA, JOHN D. DDS	Street Address 13190 N. MAIN ST.	City SOMERVILLE	State TN	Zip Code 38068-	County FAYETTE	Page 3 of 4 Pages
License/Permit/Registry Number (If any) 162047018L18459	Expiration Date 11/1/2018	Date(s) or Period of Inspection 11/10/2016 through 11/15/2016				

Inspection Results

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

Citation: 27 CFR 478.21(a)

Number: 3

Nature of Violation:

Failure to ensure the transferee completed Section A of the ATF Form 4473 properly.

1) In ^{(b)(3)} instance, the licensee failed to ensure the transferee completed Item 17 correctly.

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

Citation: 27 CFR 478.124(c)(1)

Number: 4

Nature of Violation:

Failure to document the TICS information in Section B of the ATF Form 4473.

1) In ^{(b)(3)} instances the licensee failed to properly document the TICS information in Item 21c.

(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: The licensee will conduct a thorough review of the Firearms Transaction Record before a transfer.

(If not corrected immediately)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: The licensee will conduct a thorough review of the Firearms Transaction Record before a transfer and record all TICS information immediately.

Report of Violations

Instructions

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Name of Proprietor CIMA, JOHN D. DDS	Street Address 13190 N. MAIN ST.	City SOMERVILLE	State TN	Zip Code 38068-	County FAYETTE	Page 4 of 4 Pages
License/Permit/Registry Number (If any) 162047018L18459		Expiration Date 11/1/2018	Date(s) or Period of Inspection 11/10/2016 through 11/15/2016			

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:

Failure to certify the ATF Form 4473 with a signature and date of transfer, in that the licensee failed to properly sign and/or date in Item 36.

1) In instances the licensee left Item 36 blank.
(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 conduct a thorough review of the Firearms Transaction Record before a transfer and make sure the ATF Form 4473 is finished in its entirety

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

Date

11-15-16

Signature and Title of ATF Officer

(b)(6)

Date

11/15/16



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives
5300 Maryland Way, Suite 200
Brentwood, Tennessee 37027

www.atf.gov

February 17, 2017

776055: [REDACTED]

John D. Cima, DDS, Owner
13190 North Main St.
Somerville, TN 38068

RE: *FFL: #1-62-047-01-8L-18459*

Dear Mr. Cima:

During a recent compliance inspection at your firearms business covering the period of Nov. 10, 2015 to Nov. 10, 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) Industry Operations 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.

John D. Cima, DDS, Owner

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

Sincerely yours,

(b)(6)

Area Supervisor

Enclosure

cc: Federal Firearms Licensing Center
Nashville II Field Office