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) SCALI, PAUL T PAULIES PISTOLS 2401 INDEPENDENCE ST NEW ORLEANS, LA 70117, ORLEANS				777040-2017-0191-B1B 3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOURS 572071018K03946 3/31/2017 5. REQUESTED BY (SIGNATURE, TITLE AND DATE)													
										7. ASSIGNED BY (SIGNATUR	Investiga E, TITLE	AND DATE)		- <u>1</u> 1/-			
										(b)(6) , Area	Supervis	or, 01/03/2017					
8. PURPOSE/SPECIAL INSTR	RUCTIONS	3															
CONDUCT ONSITE FIR REFERRAL FROM CE F					er gui <mark>d</mark> elines :	SET FORTH <mark>IN 1</mark> 0	MANUAL. SEE										
9. INSPECTION RESULTS	CHE	CK IF NO VIOL	ATIONS, ADJUSTM	ENTS, ETC	ETC 10. TRAVEL EXPENSES (OPTIONAL												
NO. OF VIOLATIONS	5	NO. OF REFE				2111 - PER DIEM											
NO. OF TECS CHECKS	3	NO. OF TECS	IO. OF TECS HITS			.A.											
NO. OF TAX		\$ VALUE OF TAX INCREASES			2113 - CO	MM. AIR											
ADJUSTMENTS		\$ VALUE OF TAX DECREASES			2114 - REI	NTAL CAR											
NO. OF ASSESSMENTS		\$ VALUE OF A	SSESSMENTS		2115 - GP	V EXPENSES											
NO. OF CLAIMS		\$ VALUE OF C	LAIMS		2116 - MIS	2116 - MISC.											
NO. OF TAX PERIODS		\$ VALUE OF T	AXES VERIFIED		TOTAL \$ F	OR INSP.											
Viols WL ONLY and	No Reca	II Inspection															
			12. TIME ACCOL	INTING DATA													
ATF OFFICER'S NAME (MON		R, HOURS) (1 29.00	0)(6)														
ATF OFFICER'S SUBTOTAL 29.00 ATF OFFICE			ATF OFFICER'S S	:R'S SIGNATURE													
TOTAL HOURS 29.00																	
		2.06 7.000007 2.1	13. REVIEW AN	ID ROUTING													
REVIEW COMMENTS AND R Viols WL ONLY and N	No Recall I				N FINAL DIS	epocition											
SIGNATURE AND TITLE	/IEWED	- (L)	(6)		REVIEW DA	and it is a second of the second											
(b)(6) - Area Supe	ervisor	_(D)	(0)		KEVIEW DA	04/18/2017	3										
ROUTING SEQUENCE AND I	DATE																
□ 1 □ 2. □ □ 3. □ □ 4. □			22	CONTR	ROL FILE POSTED	DATE	ta										
□ 4. □ 4.																	

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. State Name of Proprietor Street Address City Zip Code County Page I of SCALI, PAUL T 2401 INDEPENDENCE ST **NEW ORLEANS** LA 70117-**ORLEANS** 4 Pages Paulies Pistols License/Permit/Registry Number (If any) **Expiration Date** Date(s) or Period of Inspection 572071018K03946 10/1/2018 03/21/2016 through 03/21/2017 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: (If not corrected immediately) Nature of Violation: Corrective Action to be Taken: Licensee was instructed to timely record all acquisition and Failure to accurately maintain the Acquisition and Disposition Record as follows in dispositions in future instances. The discrepancies were (If not corrected inunediately) instances: corrected prior to the close of the inspection. firearm was not recorded as an acquisition prior to the inspection; firearms were not logged out prior to the inspection; and

Citation: 27 CFR 478.125(e)

firearm was entered twice resulting in a duplicate entry.

Please write firmly with a ball point pen when representative. The remaining copies will be st	completing this form. ATF	officers will pennage ()	ructions his form in triplica pervisors will det	nte. The origina ach one copy fi	copy wi	ill be given t completed re	o the proprietor or a respond for their files.	onsible	
Name of Proprietor SCALI, PAUL T Paulles Pistols	Street Address 2401 INDEPENDEN			Stat LA	10.000	ip Code 0117-	County ORLEANS	Page 2 of 4 Pages	
License/Permit/Registry Number (If any) 572071018K03946		Expiration Date 10/1/2018	100000000000000000000000000000000000000		or Period of Inspection 016 through 03/21/2017				
ALL Library Conditions and Conditions		Inspec	tion Results						
An examination of your premises, records and	operations has disclosed th	ne following violations	which have been	explained to ye	u:			* * *	
ımber: 2			Date Corre	Date Corrections to be Made: (If not corrected immediately)					
Failure to obtain / furnish the information re headings on the form and the instructions or 4473 contained a total of omissions / error	n or pertaining to the form.	as indicated by the	(If not core	Action to be Treeted immedia	100	icensee was aformation of	instructed to obtain comp in the ATF Form 4473 in t	lete and accurate future instances.	

instance;

*Item 11a question regarding "Actual Buyer" was answered "No" in *Item 18 "Type of Handgun Transferred" was incorrect in his line 24 "Recertification Signature" was blank in [DIS] 112 Page 11 Instances; *Item 25 "Recertification Date" was blank in [DIS] 112 Page 11 Instances;

*Item 30a "Total Number of Firearms" was blank in [0](3) 112 Policy instances; *Item 31 "FFL Name" was blank in [0](3) 112 Policy instances; and *Item 32 "FFL Number" was blank in [0](3) 112 Policy instances:

Citation: 27 CFR 478.21(a)

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. State Zip Code County City Page 3 of Street Address Name of Proprietor **ORLEANS** 70117-**NEW ORLEANS** LA SCALI, PAUL T 2401 INDEPENDENCE ST 4 Pages **Paulies Pistols** Date(s) or Period of Inspection **Expiration Date** License/Permit/Registry Number (If any) 03/21/2016 through 03/21/2017 572071018K03946 10/1/2018 Inspection Results An examination of your premises, records and operations has disclosed the following violations which have been explained to you: Date Corrections to be Made: Number: 3 (If not corrected immediately) Nature of Violation: Licensee was instructed to obtain complete and accurate Corrective Action to be Taken: Failure to properly obtain a completed ATF Form 4473 prior to the disposition of a firearm on information on the ATF Form 4473 in future instances. The (If not corrected immediately) forms for a total of errors / omissions: buyer who did not answer questions 3 through 7 above was not prohibited from possessing a firearm. 2012 Edition instances and incorrect in instances. (and) ·ltem 2, county was blank in •Item 3, Place of Birth was blank in [0(8)112 public instance ·Item 4, Height was blank in instance: •Item 5, Weight was blank in [0(3) 112 Public instance: •Item 6, Gender was blank in (0/3) 112 Pto instance; •Item 7, Birth Date was blank in [0(8)112 PURSE instance; •Item 10b, "Race" was blank in (0/3)112 Por instance; *Item 12, regarding nonimmigrant status was incorrect on 2016 Edition Item 12d.2 follow-up question to non-immigrant question was incorrect in instances

Citation: 27 CFR 478.124(c)(1)

Please write firmly with a ball point pen v representative. The remaining copies will	vhen completing this form. A	TT - Mass will assume	structions this form is triplic	ate. The origin	nal cop	py will be given to	the proprietor or a re	sponsible			
Name of Proprietor SCALI, PAUL T Paulles Pistols	Street Address 2401 INDEPEND		City NEW ORLEAN	St	atc	Zip Code. 70117-	County ORLEANS	Page 4 of 4 Pages			
License/Permit/Registry Number (If any 572071018K03946)	Expiration Date		Date(s) or Period of Inspection 03/21/2016 through 03/21/2017							
			ection Results		adrons.						
An examination of your premises, records	and operations has disclose	d the following violation	ns which have been	explained to	you:			- 02			
Number: 4				ctions to be h							
Nature of Violation: Failure to complete required informatio forms: *Item 21d, the follow-up answer after a Citation: 27 CFR 478.124(c)(3)(iv)		ATF Form 4473 on		ected immedi		NICS response	nstructed to record con is on the ATF Form 44	173 in fuure instances.			
Number: 5	mbert 5			Date Corrections to be Made: (If not corrected immediately)							
Nature of Violation: Failure to record transfer information of contained a total of [013] 12 F 500 E omissions -Item 34, Transferor's/Seller's Signature of them 36, Transfer Date was blank in	SALES SEE CHIEF	ATF Forms 4473	Corrective	Action to be ecsed inunedi	Tuken	: Licensee was i	nstructed to record all 4473 in future instanc	required information on res.			
Citation: 27 CFR 478.124(c)(5)		0.000						Date			
I Have Received a Copy of This Report of V	iolations (<i>Proprietor's sig</i>	enature and title)						3-23-2017			
Signature and Title of ATF Officer (b)(6)	1	Investic	alon					3-23-201°			
For Official Use Galy November 9 2018 Prod			61					ATF E-Form 5030.5 Revised April 2005			



U.S. Department of Justice Bureau of Alcohol, Tobacco, Firearms and Explosives One Galleria Blvd., Suite 1700 Metairie, LA 70001

www.atf.gov

April 17, 2017

777040<mark>(b)(6)</mark> 5373

CERTIFIED MAIL - RETURN RECEIPT REQUIRED

Scali, Paul T.
Paulies Pistols
2401 Independence Street
New Orleans, LA 70117
5-72-071-01-8K-03946

Dear Mr. Scali,

During a recent compliance inspection at your firearms business covering the period of March 21, 2016 through March 21, 2017, you were cited for violations of Title 27, Code of Federal Regulations, Part 478. A copy of the Report of Violations, ATF Form 5030.5, issued at time 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 Federal 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 efforts 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 to 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.

Scali, Paul T. Paulies Pistols

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



Enclosure

cc: Federal Firearms Licensing Center New Orleans III (IO) Field Office