

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SPORTS UNLIMITED INC 215 PASS RD GULFPORT, MS 39507, HARRISON	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 777040-2017-0209-B1B		
	3. PERMIT/LICENSE NUMBER 164047017K07379	4a. TARGET DATE 3/31/2017	4b. TARGET HOURS
	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		

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

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)
(b)(6), Area Supervisor, 01/05/2017

8. PURPOSE/SPECIAL INSTRUCTIONS
CONDUCT ONSITE FIREARMS DISPOSITION EMPHASIS (DE) INSPECTION PER GUIDELINES SET FORTH IN IOI MANUAL.

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	4	NO. OF REFERRALS		2111 - PER DIEM
NO. OF TECS CHECKS	7	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: 02/27/2017
Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA	
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)
JAN 2017	40.00
FEB 2017	4.00
ATF OFFICER'S SUBTOTAL	44.00
ATF OFFICER'S SIGNATURE	
TOTAL HOURS	44.00

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION
Viols WL ONLY and No Recall Inspection

☒ REVIEWED ☒ CONCUR ☐ SEE COMMENTS ☒ FINAL DISPOSITION

SIGNATURE AND TITLE: (b)(6) - Area Supervisor REVIEW DATE: 03/02/2017

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 SPORTS UNLIMITED INC	Street Address 215 PASS RD	City GULFPORT	State MS	Zip Code 39507-	County HARRISON	Page 1 of 2 Pages
License/Permit/Registry Number <i>(If any)</i> 164047017K07379		Expiration Date		Date(s) or Period of Inspection 01/11/2017 through 01/11/2017		

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 retain a copy of or record information pertaining to the firearms permit presented by the purchaser.

-Licensee failed to record the concealed carry permit (number, date of issuance and expiration date) in item 23 of the ATF Form 4473. ⁰¹⁸ instances).

see for 16-03, 16-09

Citation: 27 CFR 478.131(a)(2)

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

Corrective Action to be Taken: Violation not correctable. In the future, record required information on the ATF Form 4473.
(If not corrected immediately)

Number: 3

Nature of Violation:

Failure to record information pertaining to NICS.

-Licensee failed to record NICS date in item 21a. ⁰¹⁸ instance)

-Licensee failed to record NICS response in item 21c. ⁰¹⁸ instance)

-Licensee failed to record the NICS number in item 21b. ⁰¹⁸ instances)

see forms 16-01, 16-13, 16-04

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

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

Corrective Action to be Taken: Violation not correctable. In the future, record all required information on the ATF Form 4473.
(If not corrected immediately)

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

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Name of Proprietor	Street Address	City	State	Zip Code	County	Page 2 of 2 Pages
SPORTS UNLIMITED INC	215 PASS RD	GULFPORT	MS	39507-	HARRISON	

License/Permit/Registry Number (If any)	Expiration Date	Date(s) or Period of Inspection
164047017K07379		01/11/2017 through 01/11/2017

Inspection Results

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

Number: 4

Nature of Violation:

Failure to properly maintain A&D book.

-Licensee was missing firearm from inventory.

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

Citation: 27 CFR 478.125(e)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Report loss of missing firearm to the ATF Hotline, complete the ATF Theft/Loss report 3310.11, Record the ATF incident number in the A&D book.

Number: 5

Nature of Violation:

Failure to verify the identity of the buyer.

-Licensee failed to record identification in item 20a of the ATF Form 4473. instance).

see form 16-09, 16-03

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

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Violation not correctable. In the future, record required information on the form.

I Have Received a Copy of This Report of Violations (Proprietor's signature and title)	Date
Signature and Title of ATF Officer	Date

November 9 2018 Production

46

For Official Use Only

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

March 2, 2017

777040 (b) (6)
5373

CERTIFIED MAIL – RETURN RECEIPT REQUIRED

Sports Unlimited Inc.
215 Pass Rd.
Gulfport, MS 39507
1-64-047-01-7K-07379

Dear Mr. Deas,

During a recent compliance inspection at your firearms business covering the period of January 11, 2016 through January 11, 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.

Sports Unlimited Inc.

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

Sincerely yours,

(b)(6)

Area Supervisor

Enclosure

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