U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY)	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)		
NFAGear, LLC 109 Chimney Rock Rd. Beebe,AR 72012, White	777060-2016-0138-B1B		
	3. PERMIT/LICENSE NUMBER 571145077E03074	4a. TARGET DATE 6/30/2016	4b. TARGET HOURS 40
	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, 12/01/2015

8. PURPOSE/SPECIAL INSTRUCTIONS
Inspection in FY14 resulted in a Warning Conference. Conduct a full recall inspection.

9. INSPECTION RESULTS		☐ CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	7	NO. OF REFERRALS		2111 - PER DIEM	
NO. OF TECS CHECKS	1	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: 08/24/2016

Viols WC with WL and Recall

12. TIME ACCOUNTING DATA

ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b) (6)
DEC 2015	1.00
JUN 2016	6.00
JUL 2016	43.00
AUG 2016	29.00
ATF OFFICER'S SUBTOTAL	79.00
TOTAL HOURS	79.00

ATF OFFICER'S SIGNATURE

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION
Inspection concluded on 8/1/16 disclosing seven violations. Admin action is warranted due to (b) (3) - (26 USC § 6103) that was not marked by the licensee (WC) and (b)(3)-P disposition errors (WL). A Warning Letter should be sufficient; tracing of the firearm would not have been impacted due to its original Ruger markings.

Viols WL ONLY and No Recall Inspection

☒ REVIEWED ☐ CONCUR ☒ SEE COMMENTS ☐ FINAL DISPOSITION

SIGNATURE AND TITLE
(b) (6) - Area Supervisor

(b) (6)
Digitally signed by (b) (6)
DN: cn (b) (6) o=New Orleans Field Division, ou=Bureau of ATF, email (b) (6) atf.gov, c=US
Date: 2016.09.13 11:56:13 -05'00'

REVIEW DATE 09/12/2016

U.S. Department of Justice
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Assignment and Report

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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

SEE PII dated 9/12/16 MDWREN

Viols WL ONLY and No Recall Inspection

☒ REVIEWED ☐ CONCUR ☒ SEE COMMENTS ☒ FINAL DISPOSITION

SIGNATURE AND TITLE	REVIEW DATE
MDWREN - DIO	09/12/2016

ROUTING SEQUENCE AND DATE

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

CONTROL FILE POSTED DATE _____

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

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	Street Address	City	State	Zip Code	County	Page 1 of
NFAGear, LLC	109 Chimney Rock Rd.	Beebe	AR	72012-	White	3 Pages

License/Permit/Registry Number *(If any)*	Expiration Date	Date(s) or Period of Inspection
571145077E03074	5/1/2017	07/06/2016 through 08/01/2016

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:

The licensee failed to record a complete and accurate Acquisition record [redacted] occasion. Failure to record the firearms correct serial number [redacted] instance.

Citation: 27 CFR 478.123(a)

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

Corrective Action to be Taken: *(If not corrected immediately)* The licensee is to record a complete and accurate Acquisition record for all firearm acquisition and dispositions.

Number: 2

Nature of Violation:

The licensee failed to record a complete and accurate Disposition record [redacted] occasions. Failure to log out a firearm via an ATF Form 4473 [redacted] instances and via destruction [redacted] instances.

Citation: 27 CFR 478.123(d)

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

Corrective Action to be Taken: *(If not corrected immediately)* The licensee is to record a complete and accurate Disposition record for all firearm acquisition and dispositions.

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NFAGear, LLC	109 Chimney Rock Rd.	Beebe	AR	72012-	White	3 Pages

License/Permit/Registry Number *(If any)*	Expiration Date	Date(s) or Period of Inspection
571145077E03074	5/1/2017	07/06/2016 through 08/01/2016

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:

The licensee failed to obtain a complete and accurate ATF Form 447[redacted] occasions: Failure to obtain the ethnicity of the transfer[redacted] instances in part 10(a) of section A. Failed to record the type of firearm(s) being transferre[redacted] instances in part 18 of section B. Failed to obtain a re-certification signature and date in part 24 and 25 of section C[redacted] instance.

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 is to obtain ethnicity, recertification signatures and dates and record what type of firearm(s) are being transferred on the ATF Form 4473.

Number: 4

Nature of Violation:

The licensee failed to obtain a complete and accurate ATF Form 4473[redacted] occasions: Failure to obtain a Middle Name for the transferee in part 1 of section A[redacted] nstances.

Citation: 27 CFR 478.124(c)(1)

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

Corrective Action to be Taken: *(If not corrected immediately)* The licensee is to record complete name of the transferee on the ATF Form 4473.

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 3 of 3 Pages
NFAGear, LLC	109 Chimney Rock Rd.	Beebe	AR	72012-	White	

License/Permit/Registry Number *(If any)*	Expiration Date	Date(s) or Period of Inspection
571145077E03074	5/1/2017	07/06/2016 through 08/01/2016

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:
The licensee failed to record complete identification information in part 20(a) of section B [redacted] occasions.

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)* The licensee is to record complete and accurate identification information on ATF Form 4473.

Number: 6

Nature of Violation:
[redacted]

Citation: 27 CFR 479.102(a)

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

Corrective Action to be Taken: *(If not corrected immediately)* [redacted]

Number: 7

Nature of Violation:
[redacted]

Citation: 27 CFR 478.92(a)(1)

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

Corrective Action to be Taken: *(If not corrected immediately)* [redacted]

I Have Received a Copy of This Report of Violations *(Proprietor's signature and title)*	Date
x [redacted] xMember	x 8/1/2016
Signatur[redacted] IOI	Date 8/1/2016

U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives
425 West Capitol Avenue, Suite 775
Little Rock, Arkansas 72201

www.atf.gov

September 12, 2016

777060 (b) (6)
5300

CERTIFIED MAIL

Mr. Christopher Hettman
Member
NFAGear, LLC
109 Chimney Rock Road
Beebe, Arkansas 72012

Federal Firearms License 5-71-145-07-7E-03074

Dear Mr. Hettman:

During a recent compliance inspection at your firearms business covering the period of July 5, 2015, until July 5, 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) 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.

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

Sincerely yours,

(b) (6)

Area Supervisor

Enclosure

cc: Federal Firearms Licensing Center
Little Rock II Field Office