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.)		
Spec Ops Defense Systems LLC S O D S 1500 New Natchitoches Rd. West Monroe,LA 71292, Ouachita	777070-2017-0065-B1B		
	3. PERMIT/LICENSE NUMBER 572073076H04339	4a. TARGET DATE 11/25/2016	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, 10/25/2016

8. PURPOSE/SPECIAL INSTRUCTIONS
Determine if the owners are prohibited persons

9. INSPECTION RESULTS	☐ CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC			10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS		NO. OF REFERRALS	1	2111 - PER DIEM	
NO. OF TECS CHECKS	2	NO. OF TECS HITS	2	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: 01/25/2017

Viols and Revocation / Denial of Renewal App

12. TIME ACCOUNTING DATA

ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b) (6)
OCT 2016	8.00
NOV 2016	27.00
DEC 2016	26.00
JAN 2017	58.00
ATF OFFICER'S SUBTOTAL	119.00
TOTAL HOURS	119.00

ATF OFFICER'S SIGNATURE

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION
Viols and Revocation / Denial of Renewal App

☒ REVIEWED ☒ CONCUR ☐ SEE COMMENTS ☐ FINAL DISPOSITION

SIGNATURE AND TITLE	REVIEW DATE
(b) (6) - Area Supervisor	01/27/2017

U.S. Department of Justice
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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

See PII dated 1/31/17 (b) (6)

Viols and Revocation / Denial of Renewal App

☒ REVIEWED ☒ CONCUR ☒ SEE COMMENTS ☒ FINAL DISPOSITION

SIGNATURE AND TITLE	REVIEW DATE
MDWREN - DIO	01/31/2017

ROUTING SEQUENCE AND DATE

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

CONTROL FILE POSTED DATE _____

U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

Martinsburg, WV 25405

www.atf.gov

March 2, 2017

Certified Mail – Return Receipt Requested

901020:TR/LED
5340

FFL: 5-72-04339 SPEC OPS DEFENSE SYSTEMS, LLC

SUBJECT: Denial of Firearms Renewal Application

Dear Applicant:

This is to inform you that your renewal application for a Federal Firearms License has been denied. Please refer to the Notice of Denial that was previously mailed to you from the field division that services your area.

A copy of your renewal application is enclosed marked denied, a refund has been generated if applicable, and you will receive your refund once it has processed through all of the proper channels.

If you have any questions regarding your denial, you may contact the Federal Firearms Licensing Center at 304-616-4600.

Sincerely,

Tracey Robertson

Tracey Robertson
Chief, Federal Firearms Licensing Center

Attachment:
Copy of Renewal Application

47 RFC1 7/22/16 BG 15days

OMB No. 1140-0019

Federal Firearms License (FFL) RENEWAL Application

5-72-073-07-6H-04339

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

PRIOR TO
August 1, 2016

FFL no.: 5-72-073-07-6H-04339 $150.00

FFL Type: 07-MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Renewal application DUE: August 1, 2016

RENEWAL FEE DUE: $ 150.00

CHECK OR MONEY ORDER AMOUNT ENCLOSED

Charge Amount

Method of Payment (check one): ☐ Check (Enclosed) ☐ Money Order (Enclosed) ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diner's Club

Credit/Debit Card Number

Name as it appears on the credit/debit card

Expiration Date M M Y Y

Billing Address

Signature of Cardholder

Date

Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from ATF Licensing Fee will be reflected on your credit/debit card statement. In the event a license/permit is NOT issued, the above amount will be credited to the credit/debit card noted above.

MAIL APPLICATION & PAYMENT TO:

ATF
P.O. Box 409567
Atlanta, GA 30384-9567

☐ Check Box if you are requesting a Letter of Authorization (LOA) ...

5-72-073-07-6H-04339

NOT RENEWING?

1. Return this application and your firearms records within 30 days of discontinuance of your business to:

ATF Out-of-Business Records Center
244 Needy Road
Martinsburg, WV 25405
1(800)788-7133, x1590

(Collector's of Curios or Relics are NOT required to send their firearms records to ATF)

2. Check the box below and sign & date on the line provided.

☐ I am NOT renewing my license and will submit my records to ATF. I understand I may NOT engage in the business or operations authorized by my license on or after the expiration date of the license.

Signature

Date

A. CURRENT FFL Information

License Name (NAME of Corporation, Partnership, OR Sole Proprietor)

SPEC OPS DEFENSE SYSTEMS LLC

Trade or Business Name *

SODS

Premises Address (physical location of business or collection)

1500 NEW NATCHITOCHES RD
WEST MONROE, LA 71292-

MAILING Address (The renewed license will be mailed to this address)

1500 NEW NATCHITOCHES RD 92
WEST MONROE, LA 712

Telephone Number (business)

Telephone Number (fax)

24-hour Emergency Telephone Number (b) (6)

Email Address

* Registering your trade or business name with ATF in no way registers such a name, you MUST comply with Federal, State, and local laws regarding trade or business name registration.

Check here if appropriate:

NEW Licensee Name - Federal firearms licenses (FFLs) are NOT transferable. If there has been a CHANGE in ownership of the firearms business or collection activity, you may NOT use this form to obtain a renewed license. You MUST file a NEW application.

NEW Trade or Business Name

NEW Premises Address

NEW Mailing Address

NEW Telephone Number (business)

NEW Telephone Number (fax)

NEW 24-hour Emergency Telephone Number

NEW Email Address

You may NOT operate your business or conduct your activities at the new premises address until you have received a NEW License reflecting your new address.

Federal Firearms
JUL 20 2016
Licensing Center

B. Hours Of Operation

and/or Availability of Business/Activity (*Please provide at least one hour in which ATF may contact you.*)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hour(s):	Closed	9:00 AM 4:30 PM	9:00 AM 4:30 PM	9:00 AM 4:30 PM	9:00 AM 4:30 PM	9:00 AM 4:30 PM	Closed
	☑ Closed ALL day NO business hours	☐ Closed ALL day NO business hours	☐ Closed ALL day NO business hours	☐ Closed ALL day NO business hours	☐ Closed ALL day NO business hours	☐ Closed ALL day NO business hours	☑ Closed ALL day NO business hours

WARNING: You may NOT continue the operations authorized by your Federal firearms license (FFL) on or after the expiration date of your license UNLESS you have filed this renewal application PRIOR TO August 1, 2016**. There are criminal penalties for continuing your firearms business or collectors' activities without renewing your license.**

5-72-073-07-6H-04339 August 1, 2016

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RIP

ATF Form 8 (5310.11) Part II
Revised (June 2014)

5-72-073-07-8H-04339

FFL Type [illegible] MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Expiration Date: **August 1, 2016**

SPEC OPS DEFENSE SYSTEMS LLC

Premises Address: 1500 NEW NATCHITOCHES RD
WEST MONROE, LA 71292-

C. Answer question 1 - 6, and 8 by checking "yes" or "no" in the boxes to the right of the questions, or N/A, if applicable.

Check YES or NO

[redacted]

1. [illegible] of this renewal application permitted by State and local law?

2. Within thirty days after this application has been approved, will the firearms or ammunition activity comply with the requirements of State and local law applicable to the conduct of the firearms or ammunition business or collection of curios or relics?

3. Will the requirements of State and local law that are applicable to the firearms or ammunition activity or collection of curios or relics, be met prior to the start of the business or collection activity?

[redacted]

4. [illegible] a co pl ted [illegible] cation form (fro [illegible] ty i which t [illegible]

[redacted]

5. Are there any new responsible persons to be added and/or any responsible persons to be removed from the license? If yes, please attach a separate sheet of paper to provide their identifying information as listed in #3 on the application Instruction Sheet that accompanied this application.

7 a. How many firearms have you bought or acquired with your firearms license over the past 3 years? If none, enter '0'.

[redacted]

* If you hold multiple FFLs, please only indicate the number of firearms relating to this FFL you are renewing.

[redacted]

b. How many firearms have you sold or dispos[ed] [illegible] license over the past 3 years? If none, enter [illegible]

0

* If you hold multiple FFLs, p[lease] [illegible] firearms relating to this FFL yo[u] [illegible]

(Write "N/A" if you are solely a gunsmith or a m[illegible]

8. Have you conducted or do you intend to co[nduct] [illegible] If yes, list websites from which you condu[ct] [illegible]

0

[redacted]

SPEC OPS DEF NSE SYSTEMS LLC
S O D S
1500 NEW NATCHITOCHES RD
WEST MONROE, LA 71292-

[redacted] to any other responsible person who has the power to direct the management and policies of firearms activities. Answer questions 9 - 19 by checking "yes" or "no" in the boxes to the right of the questions

9. Are you charged by information or under indictment [illegible] one year? An "information" is a formal ac[cusation] [illegible]

[redacted]

Check YES or NO

[illegible] statement showing date of conviction, court in which convicted, and court in which appeal is pending.)

12. Are you a fugitive from justice?

13. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?

14. Have you ever been adjudicated mentally defective *(which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs)* OR have you ever been committed to any mental institution?

15. Have you been discharged from the Armed Forces under dishonorable conditions?

16. Are you an alien illegally or unlawfully in the United States?

17. Have you ever renounced your United States citizenship?

[redacted]

19. Have you been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force [illegible] [illegible] subject to a court order restraining you from harassing, stalking, or threatening [illegible] [illegible]

[redacted]

Owner

7-10-16

PRINTED NAME of signature above: Wilbert Joe Brady Jr.

Telephone no.: (b) (6)

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain a benefit and is mandatory by statute (18 U.S.C. 923).

The average burden associated with this collection is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

FOR ATF USE ONLY - Application Status

Approved Abandoned Withdrawn Signature of Licensing Official: Tracy Robertson

X Denied Reason for Denial: [illegible]

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ATF F [illegible] (5310.11) Part II
Revised (June 2014)