

## Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Top Dog Power Sports LLC 2001 Mabyline St. Greenwood, MS 38930, Leflore	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 777070-2017-0204-B1B		
	3. PERMIT/LICENSE NUMBER 164083017K00651	4a. TARGET DATE 6/15/2017	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, 02/10/2017

8. PURPOSE/SPECIAL INSTRUCTIONS  
update EIN# in FLS

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	1	NO. OF REFERRALS		2111 - PER DIEM	
NO. OF TECS CHECKS	24	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: 04/12/2017

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b) (6)	
MAR 2017	3.00		
APR 2017	44.00		
ATF OFFICER'S SUBTOTAL	47.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS	47.00		

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 05/10/2017
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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 quadruplicate. The original copy and the suspense copy (*where required*) 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 <u>1</u> of <u>1</u> Pages
Top Dog Power Sports LLC	2001 Mableline St.	GREENWOOD	MS	38930	LEFLORE	
License/Permit/Registry Number (if any)	Expiration Date	Date(s) or Period of Inspection				
1-64-083-01-7K-00651	10/01/2017	April 03, 2016 - April 03, 2017				

### Inspection Results

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

[illegible]

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

Signature and Title of ATF Officer

Date: 4/4/17

Date 5/4/17

ATF Form 5030.5  
Revised April 2005

(b) (6)





U.S. Department of Justice

Bureau of Alcohol, Tobacco,  
Firearms and Explosives  
100 W. Capitol; Suite 1403  
Jackson, MS 39269

www.atf.gov

777070 (b) (6)  
5373

May 10, 2017

**WARNING LETTER**

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Top Dog Power Sports LLC  
ATTN: Mr. James Vernon Ricks III  
2001 Mabyline St.  
Greenwood, MS 38930  
RE: 1-64-083-01-7K-00651

Dear Mr. Ricks:

During a recent compliance inspection at your firearms business covering the period of April 03, 2016 through April 03, 2017, you were cited for violations of 27 Code of Federal Regulations, Part 478. The violations were discussed with you during the inspection. A copy of the Report of Violations, Form 5030.5, issued at the time of the inspection is enclosed.

All of the 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 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, will be considered as willful and may result in the revocation of your license.

Please ensure that future compliance is achieved. Should you have any further questions regarding this matter, please contact (b) (6)

Sincerely Yours,

(b) (6)

Area Supervisor

Enclosure

Cc: National Licensing Center  
Jackson II Field Office

## Report of Violations

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Name of Proprietor Top Dog Power Sports LLC	Street Address 2001 Mabyline St.	City Greenwood	State MS	Zip Code 38930-	County Leflore	Page 1 of 1 Pages
License/Permit/Registry Number (If any) 164083017K00651		Expiration Date 10/1/2017	Date(s) or Period of Inspection 04/03/2016 through 04/03/2017			

### 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:

The licensee failed to conduct a NICS check prior to the transfer of a firearm to a non-licensee.  
-In one (1) instance, the licensee accepted a non-qualifying Alabama Pistol License in lieu of the NICS check.

Citation: 27 CFR 478.102(a)

#### Date Corrections to be Made:

(If not corrected immediately)

#### Corrective Action to be Taken:

(If not corrected immediately)

The licensee was instructed to only accept the qualifying Mississippi Firearms Permit in lieu of the NICS check.

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

Date

Signature and Title of ATF Officer

Date