

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Eagle Armament, LLC 9054 CR Y #3 Sauk City, WI 53583, Dane		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 778025-2016-0104-B1B	
3. PERMIT/LICENSE NUMBER 339025077J05137		4a. TARGET DATE 9/23/2016	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, 10/01/2015			
8. PURPOSE/SPECIAL INSTRUCTIONS Conduct a manufacturer of firearms DE compliance inspection.			
9. INSPECTION RESULTS <input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC			
NO. OF VIOLATIONS	2	NO. OF REFERRALS	1
NO. OF TECS CHECKS	23	NO. OF TECS HITS	
NO. OF TAX ADJUSTMENTS		\$ VALUE OF TAX INCREASES	
		\$ VALUE OF TAX DECREASES	
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS	
NO. OF CLAIMS		\$ VALUE OF CLAIMS	
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED	
		2111 - PER DIEM	
		2112 - P.O.A.	
		2113 - COMM. AIR	
		2114 - RENTAL CAR	
		2115 - GPV EXPENSES	
		2116 - MISC.	
		TOTAL \$ FOR INSP.	
11. ATF OFFICER'S RECOMMENDATION Submitted by (b) (6) Industry Operations Investigator Submitted on: 07/11/2016 Viols WL ONLY and No Recall Inspection			
12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b) (6)	
MAR 2016	1.0		
APR 2016	16.00		
MAY 2016	14.00		
JUN 2016	5.00		
JUL 2016	2.00		
ATF OFFICER'S SUBTOTAL	38.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS		38.00	
13. REVIEW AND ROUTING			
REVIEW COMMENTS AND RECOMMENDATION Failure to mark firearms manufactured merits contemplation of a Warning Conference however in this case the firearms had been marked by the original manufacturer of the receivers. The firearms remain traceable. A Warning Letter is appropriate. Viols WL ONLY and No Recall Inspection			
<input checked="" type="checkbox"/> REVIEWED <input checked="" type="checkbox"/> CONCUR <input checked="" type="checkbox"/> SEE COMMENTS <input checked="" type="checkbox"/> FINAL DISPOSITION			
SIGNATURE AND TITLE (b) (6) Area Supervisor		REVIEW DATE (b) (6) 07/12/2016	

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Eagle Armament, LLC 9054 CR Y #3 Sauk City, WI 53583, Dane	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 778025-2016-0104-B1B		
	3. PERMIT/LICENSE NUMBER 339025077J05137	4a. TARGET DATE 9/23/2016	4b. TARGET HOURS
	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

Based on the number of firearms manufactured that the FFL failed to properly mark and the tracability of these firearms (based on markings placed on the manufacturer of the receivers used), a Warning Letter is sufficient.

Viols WL ONLY and No Recall Inspection

☒ REVIEWED

☒ CONCUR

☒ SEE COMMENTS

☐ FINAL DISPOSITION

SIGNATURE AND TITLE

HCHUMMEL - Director, Industry Operations

REVIEW DATE

07/15/2016

ROUTING SEQUENCE AND DATE

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

CONTROL FILE POSTED DATE _____



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives
1000 North Water Street, Suite 1400
Milwaukee, WI 53202

www.atf.gov

July 15, 2016

778025 (b) (6)
5373

**Eagle Armament LLC
Attn: Aaron Kippley
9054 CR Y #3
Sauk City, WI 53583**

Federal Firearms License #3-39-05137

Dear Mr. Kippley:

During a compliance inspection at your firearms business initiated on April 4, 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) Industry Operations 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.

Eagle Armament LLC

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

Sincerely yours

(b) (6)

Area Supervisor

Enclosure

Cc: Federal Firearms Licensing Center
Milwaukee II Field Office

CM/7013 1710 0000 6601 9398/RRR

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 EAGLE ARMAMENT LLC	Street Address 9054 CR Y #3	City SAUK CITY	State WI	ZIP Code 53583	County DANE	Page 1 of 1 Pages
License/Permit/Registry Number (if any) 3-39-025-07-7J-05137		Expiration Date 09/01/2017	Date(s) or Period of Inspection 04/04/2016 (Initiated)			

Inspection Results

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

Number	USC or CFR Citation	Nature of Violation	Corrective Action to be Taken (If not corrected immediately)	Date Corrections to be Made (If not corrected immediately)
1.	18 USC 923(g)(5)(A)	LICENSING Licensee failed to file ATF F 5300.11, Annual Firearms Manufacturing and Exportation Report, for years 2014 and 2015.	Licensee shall file the report for years 2014 and 2015 and ensure this report is filed timely hereafter.	Corrected
2.	27 CFR 478.92(a)(1)	IDENTIFICATION OF FIREARMS Licensee failed to mark firearms, which were assembled and built from existing firearm receivers, with licensee's name, city and State. The firearms and dates of manufacture were the following: (b)(3)- Public Law 112-55 (125 Stat. 552)	Licensee was provided ATF Rulings 2009-5 and 2013-3 and instructed to ensure all manufactured firearms are properly marked in the future.	Immediately

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

Signature and Title of ATF Officer

(b) (6)

Senior Investigator

Date
6/28/16

Date
6/17/16

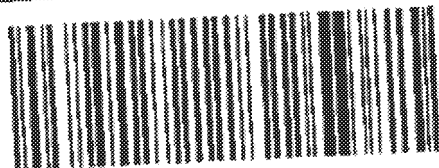
ATF Form 5030.5
Revised April 2005

**U.S. DEPARTMENT OF JUSTICE
BUREAU OF ALCOHOL, TOBACCO, FIREARMS
AND EXPLOSIVES**

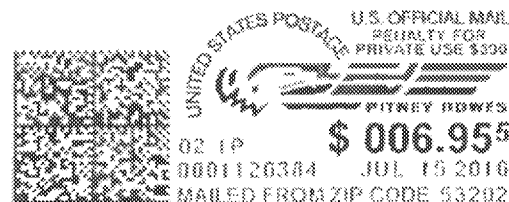
AREA SUPERVISOR
1000 N WATER STREET SUITE 1400
MILWAUKEE, WI 53287

**OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300**

CERTIFIED MAIL™



7013 1710 0000 6601 9398



Eagle Armament LLC
Attn: Aaron Kippley
9054 CR Y #3
Sauk City, WI 53583

E 1363.3

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	7/15/2016 Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **Eagle Armament LLC - Attn:**
Aaron Kippley
Street, Apt. No.,
or PO Box No. **9054 CR Y #3**
City, State, ZIP+4 **Sauk City WI 53583**

PS Form 3800, August 2005 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	7/15/2016 Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **Eagle Armament LLC - Attn:**
Aaron Kippley
Street, Apt. No.,
or PO Box No. **9054 CR Y #3**
City, State, ZIP+4 **Sauk City WI 53583**

PS Form 3800, August 2005 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS TO A DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: EAGLE ARMAMENT LLC ATTN: AARON KIPPLEY 9054 CR Y #3 SAUK CITY WI 53583		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 7013 1710 0000 6601 9398		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		2. Article Number (Transfer from service label) 7013 1710 0000 6601 9398	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
5. Date of Delivery 8/18/16		6. Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
(b) (6)		JUL 21 2016	
EAGLE ARMAMENT LLC ATTN: AARON KIPPLEY 9054 CR Y #3 SAUK CITY WI 53583		PS Form 3811, July 2013	