

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Milner, Russell Roy 3510 River Bend Road Racine, WI 53404, Racine		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 778025-2016-0380-B1B	
		3. PERMIT/LICENSE NUMBER 339101017E35730	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, 05/20/2016	

8. PURPOSE/SPECIAL INSTRUCTIONS Conduct a DE compliance inspection.	
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9. INSPECTION RESULTS <input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	1	NO. OF REFERRALS	
NO. OF TECS CHECKS	1	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	
		TOTAL \$ FOR INSP.	

11. ATF OFFICER'S RECOMMENDATION Submitted by (b) (6) Industry Operations Investigator Submitted on: 09/29/2016 Violts WL ONLY and No Recall Inspection	
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12. TIME ACCOUNTING DATA	
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b) (6)
AUG 2016	6.00
SEP 2016	13.00
ATF OFFICER'S SUBTOTAL	19.00
ATF OFFICER'S SIGNATURE	
TOTAL HOURS	19.00

13. REVIEW AND ROUTING	
REVIEW COMMENTS AND RECOMMENDATION Approved as Acting DIO 9/29/16 Violts WL ONLY and No Recall Inspection	

<input checked="" type="checkbox"/> REVIEWED <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> SEE COMMENTS <input checked="" type="checkbox"/> FINAL DISPOSITION	
SIGNATURE (b) (6) Area Supervisor	REVIEW DATE 09/29/2016

ROUTING SEQUENCE AND DATE	
<input type="checkbox"/> 1. _____	CONTROL FILE POSTED DATE _____
<input type="checkbox"/> 2. _____	
<input type="checkbox"/> 3. _____	
<input type="checkbox"/> 4. _____	



U.S. Department of Justice

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

www.atf.gov

September 29, 2016

778025 (b) (6)
5373

**Russell Roy Milner
Am Gun Repair
3510 River Bend Drive
Racine, WI 53404**

Federal Firearms License #3-39-35730

Dear Mr. Milner:

During a compliance inspection at your firearms business initiated on September 20, 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.

-2-

Russell R. Milner

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 9657/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 RUSSELL MILNER	Street Address 3510 RIVER BEND DRIVE	City RACINE	State WI	ZIP Code 53404	County RACINE	Page 1 of 1 Pages
License/Permit/Registry Number (if any) 3-39-101-01-7E-35730		Expiration Date 05/01/2017	Date(s) or Period of Inspection 09/20/2016			

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.	27 CFR 478.126a	REPORTING MULTIPLE SALES In [REDACTED] instances, licensee failed to file ATF F 3310.4, Report of Multiple Sale, on two or more handguns transferred to the same individual within five business days. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Licensee shall file ATF F3310.4 for the noted transactions and comply with this reporting requirement on any future multiple sales of pistols/revolvers.	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
9/22/16
Date
9/27/16

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 53202
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

CERTIFIED MAIL™



7013 1710 0000 6601 9657



Russell Roy Milner
Am Gun Repair
3510 River Bend Drive
Racine, WI 53404

E 1363.3

7013 1710 0000 6601 9657

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Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

9/29/16

Sent To
Russell Roy Milner, Am Gun Repair
Street, Apt. No. or PO Box No.
3510 River Bend Drive
City, State, ZIP+4
Racine WI 53404

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City, State, ZIP+4
Racine WI 53404

PS Form 3800, August 2006

See Reverse for Instructions

7013 1710 0000 6601 9657

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

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

RUSSELL ROY MILNER
AM GUN REPAIR
3510 RIVER BEND DRIVE
RACINE WI 53404

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 1710 0000 6601 9657

PS Form 3811, July 2013

Domestic Return Receipt