

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SMITH, ROBERT LEON DEAD FINGERS GUN SHOP 630 SOUTH STATE RT 25 DEXTER, MO 63841, STODDARD	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 779055-2016-0098-B1B		
	3. PERMIT/LICENSE NUMBER 543207078E09871	4a. TARGET DATE	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, 10/08/2015

8. PURPOSE/SPECIAL INSTRUCTIONS

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	6	NO. OF REFERRALS		2111 - PER DIEM
NO. OF TECS CHECKS	8	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: 09/20/2016
 -- FIREARMS COMPLIANCE INSPECTION --
 Onsite visit conducted 07/26/16 thru 07/28/16.
 SEE FIREARMS INSPECTION REPORT.
 ATF E-Form 5030.5, Report of Violations issued. A WARNING LETTER and a RECALL inspection is recommended.
 Recommend updating the FLS database to include the licensee's EIN (b)(6).
 Recommend a copy of this inspection report be sent to Cape Girardeau Field Office (S/A (b)(6)).
 Viols WL ONLY and Recall Inspection

12. TIME ACCOUNTING DATA		
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)	
JUN 2016	.50	
JUL 2016	27.50	
AUG 2016	41.00	
SEP 2016	19.50	
ATF OFFICER'S SUBTOTAL	88.50	ATF OFFICER'S SIGNATURE
TOTAL HOURS	88.50	

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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

Viols WL ONLY and Recall Inspection

REVIEWED CONCUR SEE COMMENTS FINAL DISPOSITION

SIGNATURE AND TITLE (b)(6) - Area Supervisor	REVIEW DATE 09/20/2016
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REVIEW COMMENTS AND RECOMMENDATION

Viols WL ONLY and Recall Inspection

REVIEWED CONCUR SEE COMMENTS FINAL DISPOSITION

SIGNATURE AND TITLE WLBOWERS - Director Industry Operations	REVIEW DATE 09/20/2016
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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 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 SMITH, ROBERT LEON DEAD FINGERS GUN SHOP	Street Address 630 SOUTH STATE RT 25	City DEXTER	State MO	Zip Code 63841-	County STODDARD	Page 1 of 4 Pages
License/Permit/Registry Number <i>(If any)</i> 543207078E09871	Expiration Date 5/1/2018	Date(s) or Period of Inspection 07/26/2016 through 07/29/2016				

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:

--On (b)(3) 112 Public occasions the licensee failed to record the correct serial number in the acquisition and disposition (A&D) record book:

(b)(3) 112 Public Law 55 125 STAT 552

--On (b)(3) 112 Public occasions firearms were found in inventory that were logged with disposition information in the A&D record book:

(b)(3) 112 Public Law 55 125 STAT 552

--On (b)(3) 112 Public occasions the licensee failed to log dispositions for firearms sold where completed Forms 4473 were found for the transactions:

(b)(3) 112 Public Law 55 125 STAT 552

--There were (b)(3) 112 Public firearms missing from the licensee's inventory that could not be located

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee was instructed to enter the correct serial numbers in the A&D book, to remove the dispositions in the A&D book for firearms found in inventory, and to enter dispositions in the A&D book for firearms sold where a Form 4473 was found. For the (b)(3) 112 Public firearms that could not be located, the licensee was instructed to complete an ATF Form 3310.11 (FFL Inventory Theft/Loss Report).

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Name of Proprietor SMITH, ROBERT LEON DEAD FINGERS GUN SHOP	Street Address 630 SOUTH STATE RT 25	City DEXTER	State MO	Zip Code 63841-	County STODDARD	Page 2 of 4 Pages
License/Permit/Registry Number <i>(If any)</i> 543207078E09871	Expiration Date 5/1/2018	Date(s) or Period of Inspection 07/26/2016 through 07/29/2016				

Inspection Results

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

nor was a Form 4473 found:

(b)(3) 112 Public Law 55 125 STAT 552

Citation: 27 CFR 478.125(e)

Number: 2

Nature of Violation:

On ^{(b)(3) 112 Public Law 55 125} occasion the licensee failed to retain a completed Form 4473 ^{(b)(3) 112 Public Law 55 125}
(b)(3) 112 Public Law 55 125 STAT 552

Citation: 27 CFR 478.129(b)

Number: 3

Nature of Violation:

On ^{(b)(3) 112 Public Law 55 125} occasion the buyer answered 'NO' to Item 11a "Are you the Actual Buyer?"

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 was instructed to record the buyer's name in the A&D book and to note in the disposition entry that the Form 4473 is missing.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Licensee will attempt to contact purchaser to correct ATF Form 4473. Licensee instructed to make a copy of the page to be corrected, and have the buyer make corrections to the copy, then attach the corrected copy to the original ATF Form 4473.

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Inspection Results

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

Number: 4

Nature of Violation:

On (b)(3) (1)(2) Public occasions the licensee failed to have the buyer complete the 'COUNTY' information in Item 2 (Current Address) on ATF Form 4473.

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)

Licensee will attempt to contact purchaser to correct ATF Form 4473. Licensee instructed to make a copy of the page to be corrected, and have the buyer make corrections to the copy, then attach the corrected copy to the original ATF Form 4473.

Number: 5

Nature of Violation:

On (b)(3) (1)(2) Public occasions the licensee did not obtain valid/current ID information in Item 20a (Identification) on ATF Form 4473 (ID had expired).

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)

Licensee will obtain valid ID information to correct ATF Form 4473. Licensee instructed to make a copy of the page to be corrected, make corrections on the copy, then attach the corrected copy to the original ATF Form 4473.

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.

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Inspection Results

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

Number: 6

Nature of Violation:

On ^{(b)(3)-(1)(2) P06} occasion the licensee failed to complete the correct date NICS was contacted in Item 21a; and on ^{(b)(3)-(1)(2) P06} occasion the licensee checked ^{(b)(3)-(1)(2) P06} NICS responses in Item 21d.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Licensee instructed to make a copy of the page to be corrected, make corrections to the copy, then attach the corrected copy to the original ATF Form 4473.

I Have Received a Copy of This Report of Violations <i>(Proprietor's signature and title)</i>	Date
Signature and Title of ATF Officer	Date



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

1222 Spruce St. – Room 6.205
St. Louis, MO 63103

September 14, 2016

www.atf.gov
779055: (b)(6)
43-01-09871

CERTIFIED MAIL – Return Receipt Requested

Mr. Robert Leon Smith
d/b/a Dead Fingers Gun Shop
630 South State Route 25
Dexter, MO 63841

Dear Mr. Smith:

During a recent inspection conducted at your firearms business, 07/26/2016 thru 07/28/2016, covering the period 07/24/2015 thru 07/23/2016, you were cited for violations of Title 27, Code of Federal Regulations, Part 478. A copy of the Report of Violations, ATF F 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) Senior Investigator (b)(6). You indicated that you understood the requirements of the firearms laws and regulations and 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 efforts 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 to ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area. 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 me at (b)(6).

Sincerely yours,

(b)(6)

Area Supervisor

SMITH, ROBERT LEON

Enclosure

cc: Federal Firearms Licensing Center
Kansas City Field Division