

## Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) GAINES, WILBURN DONNEL DOUBLE G GUNS 359 CR 389 STEPHENVILLE, TX 76401, ERATH	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 781080-2017-0140-B1B
	3. PERMIT/LICENSE NUMBER 575143017J04266
	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)  
 \_\_\_\_\_, 11/09/2016

8. PURPOSE/SPECIAL INSTRUCTIONS

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS		NO. OF REFERRALS		2111 - PER DIEM	
NO. OF TECS CHECKS	3	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: 11/28/2016

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	<b>(b)(6)</b>		
NOV 2016	14.00		
ATF OFFICER'S SUBTOTAL	14.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS	14.00		

**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>(b)(6)</b> Acting DIO	REVIEW DATE 11/30/2016
---	---------------------------

ROUTING SEQUENCE AND DATE

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

CONTROL FILE POSTED DATE \_\_\_\_\_

### Report of Violations

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.

**Instructions**

Name of Proprietor: Wilburn Donald Gaines  
 Street Address: 354 CR 387  
 City: Stephenville  
 State: TX  
 ZIP Code: 76401  
 Country: Envtl  
 Page: 1 of 1 Pages

License Permit Registry Number (if any): 575143017J04266  
 Expiration Date: 9/1/17  
 Date(s) or Period of Inspection: 11/16/16

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	Licensee failed to report 3310.7 in [redacted]		
2	18 USC 923(g)(5)(H)	Licensee failed to report 3310.12 in [redacted]		
3	27 CFR 478.102(g)	Licensee (b)(3) 112 Public Law 55 125 STAT 552 (b)(6)		
4	27 CFR 478.121(a)(3)	Licensee failed to verify the identity of purchaser by accepting an invalid ID in Block 20a [redacted]		
5	27 CFR 478.21(a)	Licensee failed to follow all heading and instructions on ATF Form 4473: failed to record FFL address in Block 31 on Form 5 failed to record FFL address in Block 31 & failed to obtain a valid answer to Block 11A on Form		
6	27 CFR 478.124(a)	Licensee failed to obtain all info from purchaser on ATF Form 4473 when purchaser answered 'yes' to 11L [redacted]		

I Have Received: (b)(6) (Proprietor's signature and title)

Signature and Title of ATF Officer: (b)(6)

Date: 11/16/16