

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Walking Dead Firearms LLC 2500 E Pearl Odessa, TX 79761, Ector		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 781110-2016-0217-B1B		
		3. PERMIT/LICENSE NUMBER 575135079C08008	4a. TARGET DATE 8/30/2016	4b. TARGET HOURS
5. REQUESTED BY (SIGNATURE, TITLE AND DATE)				
6. ATF OFFICER(S) ASSIGNED				
(b)(6) - Assigned Investigator				
(b)(6) - Lead Investigator				
7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)				
(b)(6), Area Supervisor, 07/18/2016				
8. PURPOSE/SPECIAL INSTRUCTIONS				
Full SWB Compliance Inspection				
9. INSPECTION RESULTS				
<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC				
NO. OF VIOLATIONS	7	NO. OF REFERRALS		10. TRAVEL EXPENSES (OPTIONAL)
NO. OF TECS CHECKS	1	NO. OF TECS HITS		2111 - PER DIEM
NO. OF TAX ADJUSTMENTS		\$ VALUE OF TAX INCREASES		2112 - P.O.A.
		\$ VALUE OF TAX DECREASES		2113 - COMM. AIR
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS		2114 - RENTAL CAR
NO. OF CLAIMS		\$ VALUE OF CLAIMS		2115 - GPV EXPENSES
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED		2116 - MISC.
				TOTAL \$ FOR INSP.
11. ATF OFFICER'S RECOMMENDATION				
Submitted by (b)(6) - Industry Operations Investigator				
Submitted on: 09/23/2016				
During the course of conducting an inspection of Walking Dead Firearms, LLC, the licensee received violations which reached the threshold for a warning conference because the licensee failed to record any ID on 5 percent or more of Forms 4473 examined (6.3%).				
The licensee addressed the problems immediately, and understood the need to pay closer attention when completing the ATF Forms 4473, and will begin to conduct a double check of the ATF Forms 4473, to ensure that the forms are complete and accurately executed				
Investigator (b)(6) recommends a Warning Letter in lieu of a Warning Conference.				
Viols WL ONLY and No Recall Inspection				
12. TIME ACCOUNTING DATA				
ATF OFFICER'S NAME (MONTH, YEAR, HOURS) (b)(6)				
JUL 2016	7.00			
AUG 2016	15.00			
SEP 2016	24.00			
ATF OFFICER'S SUBTOTAL	46.00	ATF OFFICER'S SIGNATURE		
TOTAL HOURS	46.00			

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	5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		

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 09/29/2016
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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 Walking Dead Firearms LLC	Street Address 2500 E Pearl	City Odessa	State TX	Zip Code 79761-	County Ector	Page 1 of 6 Pages
License/Permit/Registry Number (If any) 575135079C08008		Expiration Date	Date(s) or Period of Inspection 07/18/2016 through 07/18/2016			

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:

The licensee failed to furnish all information called for in each ATF Form 4473 as ^{indicated} ~~dated~~ by headings on the ATF Form 4473 and the instructions on or pertaining to the ATF Form 4473.

- In ^{(b)(3) - Public Law 112-55} instance Block #11a (Are you the actual transferee/buyer of the firearm listed on this form?) is incorrect; no was marked ^{(b)(3) - Public Law 112-55}
- In ^{(b)(3) - Public Law 112-55} instances Block #31 (Trade/corporate name and address of transferor) and Block #32 (Federal Firearms License Number) were left blank ^{(b)(3) - Public Law 112-55 (125 Stat. 552)}
- In ^{(b)(3) - Public Law 112-55} instances Block #31 (Trade/corporate name and address of transferor), Block #32 (Federal Firearms License Number), Block #33 (Transferor's/Seller's Name) and Block #35 (Transferor's/Seller's Title) were left blank ^{(b)(3) - Public Law 112-55 (125 Stat. 552)}

Citation: 27 CFR 478.21(a)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Investigators instructed the licensee to ensure that all ATF Forms 4473 are properly completed.

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License/Permit/Registry Number (If any) 575135079C08008	Expiration Date	Date(s) or Period of Inspection 07/18/2016 through 07/18/2016				

Inspection Results

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

Number: 2

Nature of Violation:

The licensee failed to obtain a properly completed ATF Form 4473 from a nonlicensee prior to the transfer of a firearm.

- In (b)(3) 112 instances Block #2 (Current Residence Address) is incorrect, the county is either incorrect or blank (b)(3) - Public Law 112-55 (125 Stat. 2552)
- In (b)(3) 112 instance Block #13 (What is your State of residence?) and Block #14 (What is your country of citizenship?) was left blank (b)(3) - 28 USC 586
- In (b)(3) 112 instances Block #16 (Transferee's/Buyer's Signature) and Block #17 (Certification Date) was blank (b)(3) - Public Law 112-55 (125 Stat. 2552)
- In (b)(3) 112 instances Block #17 (Certification Date) was blank (b)(3) - Public Law 112-55 (125 Stat. 552)

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)

Investigators instructed the licensee to ensure that all ATF Forms 4473 are properly completed.

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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: 3

Nature of Violation:

The licensee failed to verify and correctly record the identification document of the transferee on the ATF Form 4473.

In ^{(b)(3)} instances Block #20a (Identification) was left blank (b) (3) - Public Law 112-55 (125 Stat. 552)

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)

Investigators instructed the licensee to always verify and correctly record all identification documents on the ATF Form 4473.

Report of Violations

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License/Permit/Registry Number (If any) 575135079C08008		Expiration Date		Date(s) or Period of Inspection 07/18/2016 through 07/18/2016		

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:

The licensee failed to accurately note the date or response provided by the NICS system onto the ATF Form 4473.

- In (b)(3) 112 instance Block #21a (Date the transferee's identifying information in Section A was transmitted to NICS) was blank (b)(3) - Public Law
- In (b)(3) 112 instance Block #21b (The NICS transaction number) and Block #21c (The response initially provided by NICS) was blank (b)(3) - Public Law
- In (b)(3) 112 instance Block #21a (Date the transferee's identifying information in Section A was transmitted to NICS), Block #21b (The NICS transaction number) and Block #21c (The response initially provided by NICS) was blank (b)(3) - Public Law
- In (b)(3) 112 instance Block #21c (The response initially provided by NICS) was blank (b)(3) - Public Law

Citation: 27 CFR 478.124(c)(3)(iv)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Investigators instructed the licensee to ensure to always provide the NICS system contact date or the response provided by the NICS system on the ATF Form 4473.

Report of Violations

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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:** 5
- Nature of Violation:**
The licensee failed to complete and properly identify the firearm transferred on the ATF Form 4473 in (b)(3) - Public Law 112-55 (125 Stat. 552) instances (b)(3) - Public Law 112-55 (125 Stat. 552)
- Citation:** 27 CFR 478.124(c)(4)
- Date Corrections to be Made:**
(If not corrected immediately)
- Corrective Action to be Taken:** Investigators instructed the licensee to completely and properly identify the firearm transferred on the ATF Form 4473.
(If not corrected immediately)
- Number:** 6
- Nature of Violation:**
The licensee failed to sign and or record the date the firearm transfer is completed on the ATF Form 4473.
- In (b)(3) - Public Law 112-55 (125 Stat. 552) instances Block #34 (Transferor's/Seller's Signature) and Block #36 (Date Transferred) is blank (b)(3) - Public Law 112-55 (125 Stat. 552)
- In (b)(3) - Public Law 112-55 (125 Stat. 552) instances Block #36 (Date Transferred) was blank or incorrect (b)(3) - Public Law 112-55 (125 Stat. 552)
- Citation:** 27 CFR 478.124(c)(5)
- Date Corrections to be Made:**
(If not corrected immediately)
- Corrective Action to be Taken:** Investigators instructed the licensee to that all ATF Forms 4473 are signed and or the date the firearm transfer is completed is properly recorded.
(If not corrected immediately)

Report of Violations

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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: 7

Nature of Violation:

The licensee failed to accurately maintain the Acquisition and Disposition Book.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Investigators instructed the licensee to accurately and timely maintain the Acquisition and Disposition Record.

- In (b)(3) 112 instance the firearm was in inventory, but showed logged out.
- In (b)(3) 112 instance the firearm disposition was not recorded but reconciled; ATF Forms 4473 or documentation was provided to reconcile the firearm.

Citation: 27 CFR 478.125(e)

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

Date

Signature and Title of

Date



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

www.atf.gov

9/29/2016

Walking Dead Firearms LLC
2500 E Pearl
Odessa, TX 79761-
RE: 575135079C08008

Dear Mr. Faron Gryder:

During a recent inspection at your firearms business covering the period July, 2015 to July, 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 or your designated responsible person by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Industry Operations Investigator(s). You or your responsible person 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.

-2-

Walking Dead Firearms LLC

Should you have any questions regarding this matter, please contact (b)(6)
(b)(6) Area Supervisor at (b)(6).

Sincerely yours,

(b)(6)

El Paso Area Supervisor

Enclosure

c: Federal Firearms Licensing Center
El Paso II (IO) Field Office
Dallas DIO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Faron Gryder
Walking Dead Firearms LLC
2500 E Pearl
Odessa, TX 79761



9590 9402 1587 5362 7289 05

2. Article Number (Transfer from service label)

7014 1820 0000 5009 7581

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

(b)(6)

(b) (3) - Public Law 112-55 (125 Stat. 552)

☒ Agent
☐ Addressee

Date of Delivery

0-2-16

3. Is delivery address different from return address?
If YES, enter delivery address below:

☒ Yes
☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

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



Sent To **Faron Gryder**
Walking Dead Firearms LLC
 Street & Apt. No., or PO Box No. **2500 E Pearl**
 City, State, ZIP+4 **Odessa, TX 79761**

PS Form 3800, July 2014

See Reverse for Instructions