

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Cash American Pawn L P Cash American Pawn of Odessa #1 1000 W County Rd Odessa ,TX 79763, Ector	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 781110-2016-0232-B1B		
	3. PERMIT/LICENSE NUMBER 575135029A36821	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, 07/19/2016

8. PURPOSE/SPECIAL INSTRUCTIONS
Full SWB compliance inspection.

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	2	NO. OF REFERRALS	1	2111 - PER DIEM	
NO. OF TECS CHECKS	76	NO. OF TECS HITS	2	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

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
JUL 2016	9.00		
AUG 2016	20.00		
SEP 2016	3.00		
ATF OFFICER'S SUBTOTAL	32.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS	32.00		

13. REVIEW AND ROUTING	
REVIEW COMMENTS AND RECOMMENDATION Viols 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 AND TITLE (b)(6) - Area Supervisor			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 Cash America Pawn LP Cash America Pawn OF Odessa #1	Street Address 1000 W. County Rd.	City Odessa	State TX	ZIP Code 79763	County Ector	Page <u>1</u> of <u>1</u> Pages
License/Permit/Registry Number (if any) 5-75-135-02-9A-36821		Expiration Date 11/1/2019	Date(s) or Period of Inspection July 1, 2015 - July 22, 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 478.99(c)	Failure to ensure firearm not released/dispensed to prohibited person in at least ^{(b)(3) 112 Public Law 55, 125 GFA} instances firearm released to purchaser after denial from NICS.	Establish review system to ensure all employees are aware of all denials	
2.	27 CFR 478.126a	Failure to report multiple handgun sales in at least ^{(b)(3) 112 Public Law 55, 125 GFA} instances involving far ^{(b)(3) 112 Public Law 55, 125 GFA} firearms	Establish review system to ensure all multiple sales are reported in a timely manner.	

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

Date 7/22/2016

Signature and Title of ATF Officer (b)(6) IO Investigator

Date 7/22/2016

ATF E-Form 5030.5
Revised April 2005



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

www.atf.gov

9/20/2016

Cash American Pawn L P
Cash American Pawn of Odessa #1
1000 W County Rd
Odessa, TX 79763-
RE: 575135029A36821

Dear Ms. Nidia Silva:

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.

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Cash American Pawn L P

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:

Nidia Silva
Cash American Pawn L.P.
1000 W. County Rd
Odessa, TX 79763



9590 9402 1587 5362 7289 81

2. Article Number (Transfer from service label)

7014 1820 0000 5005 7529

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

COMPLETE THIS SECTION ON DELIVERY

A.

X

(b)(6)

- ☐ Agent
☐ Addressee
Date of Delivery

B.

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

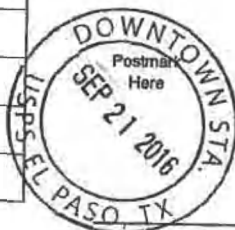
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To	Nidia Silva
Street & Apt. No., or PO Box No.	Cash American Pawn L.P. 1000 W. County Rd
City, State, ZIP+4	Odessa, TX 79763

PS Form 3800, July 2014

See Reverse for Instructions