

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Henson Bryan Edgar Guns Up Hydrographics 11804 University Ste KK Lubbock, TX 79423, Lubbock	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 781110-2017-0071-B1B		
	3. PERMIT/LICENSE NUMBER 575303079C08143	4a. TARGET DATE 3/30/2017	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, 11/09/2016

8. PURPOSE/SPECIAL INSTRUCTIONS
Conduct a full SWB M&I Compliance Inspection. Please correct EIN in NSpect

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC		10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	2	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: 12
Please add EIN (b)(6) to the License Registration Report.

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
DEC 2016	27.00		
ATF OFFICER'S SUBTOTAL	27.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS	27.00		

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 12/16/2016	

ROUTING SEQUENCE AND DATE

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

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 Henson Bryan Edgar Guns Up Hydrographics	Street Address 11804 University Ste KK	City Lubbock	State TX	Zip Code 79423-	County Lubbock	Page 1 of 1 Pages
License/Permit/Registry Number (If any) 575303079C08143		Expiration Date 3/1/2019	Date(s) or Period of Inspection 12/12/2016 through 12/14/2016			

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:

Failure to verify the identity of the transferee and note on the ATF Form 4473 the type of identification used, instance, (b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)

(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)

In the future, always record all required information on ATF F 4473. Slow down, review the form for errors or omissions, prior to the departure of the customer from the premises.

Number: 2

Nature of Violation:

Failure to prepare and submit a report of multiple sales or other disposition (ATF Form 3310.4) whenever the licensee sells or otherwise disposes of, two or more pistols, or revolvers, or any combination of pistols or revolvers totaling two or more to an unlicensed person at one time or during any five consecutive business days, (b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)

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

Citation: 27 CFR 478.126a

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Prepare and submit ATF F 3310.4, Report of Multiple Sale or Other Disposition of Pistols and Revolvers, concerning the above sale. (This Form was prepared and submitted on December 13, 2016, upon discovery.) In the future, always prepare ATF F 3310.4 whenever two or more handguns are disposed to an unlicensed person within five business days.

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

(b)(6)

owner

Date

12-14-16

Signature

(b)(6)

IOI

Date

12-14-16

For O

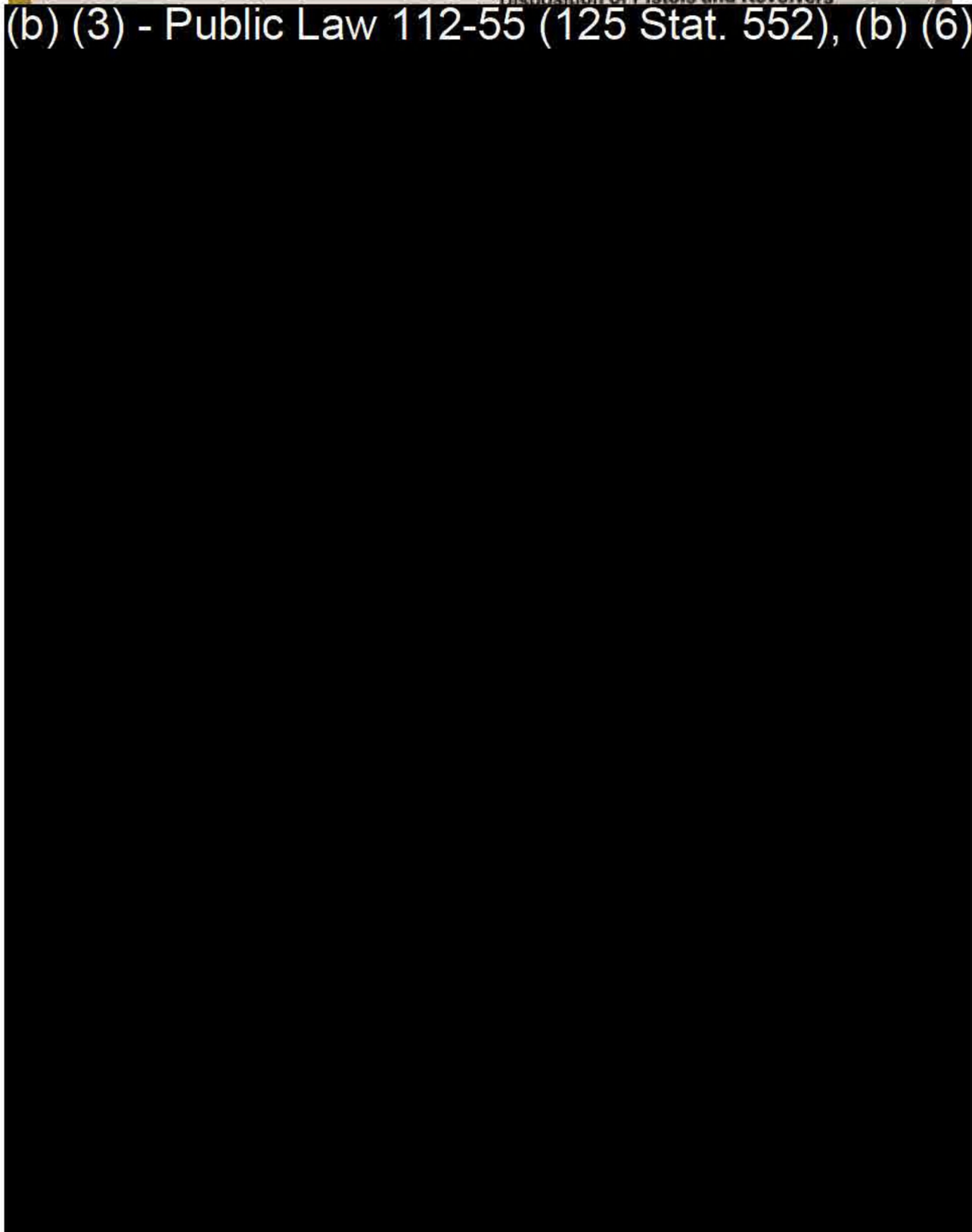
U.S. GOVERNMENT PRINTING OFFICE: 2012-074-004

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

OMB No. 1140-0003 (05/31/2015)

**Report of Multiple Sale or Other
Disposition of Pistols and Revolvers**

(b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)





U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

www.atf.gov

12/16/2016

Henson Bryan Edgar
Guns Up Hydrographics
11804 University Ste KK
Lubbock, TX 79423-
RE: 575303079C08143

Dear Bryan Henson,:

During a recent inspection at your firearms business covering the period December 12, 2015 to December 12, 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-

Henson Bryan Edgar

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 Office Supervisor

Enclosure

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

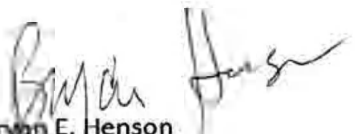
(b)(6) 1-31-17

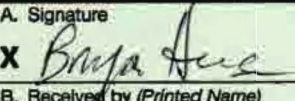
(b)(6)

January 30, 2017

Dear ATF:

This note is to verify that I received a Warning Letter hand delivered from IOI (b)(6) on this date pertaining to the firearms compliance inspection conducted on my business, Guns Up Hydrographics, 5-75-303-07-9C-08143, at my premises on December 12, 2016.


Bryan E. Henson
Owner, Guns Up Hydrographics

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Brian E. Henson Guns Up Hydrographics 11804 University Ste KK Lubbock, TX 79423		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 1587 5362 7292 16		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

PS Form 3811, July 2016 PSN 7530-02-000-9053 Domestic Return Receipt