

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SJT INC ROCKPORT PAWN & JEWELRY 1700 HWY 35N ROCKPORT, TX 78382, ARANSAS		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 782110-2016-0018-B1B	
		3. PERMIT/LICENSE NUMBER 574007028B03645	4a. TARGET DATE
		4b. TARGET HOURS	
5. REQUESTED BY (SIGNATURE, TITLE AND DATE)			
6. ATF OFFICER(S) ASSIGNED			
(b)(6) - Lead Investigator			
(b)(6) Assigned Investigator			
7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)			
(b)(6), Area Supervisor, 10/01/2015			
8. PURPOSE/SPECIAL INSTRUCTIONS			
9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	
NO. OF VIOLATIONS	2	NO. OF REFERRALS	
NO. OF TECS CHECKS	2	NO. OF TECS HITS	
NO. OF TAX ADJUSTMENTS		\$ VALUE OF TAX INCREASES	
		\$ VALUE OF TAX DECREASES	
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS	
NO. OF CLAIMS		\$ VALUE OF CLAIMS	
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED	
		2111 - PER DIEM	
		2112 - P.O.A.	
		2113 - COMM. AIR	
		2114 - RENTAL CAR	
		2115 - GPV EXPENSES	
		2116 - MISC.	
		TOTAL \$ FOR INSP.	
11. ATF OFFICER'S RECOMMENDATION			
Submitted by (b)(6) - Industry Operations Investigator			
Submitted on: 11/02/2015			
Violts WL ONLY and No Recall Inspection			
12. TIME ACCOUNTING DATA			
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
OCT 2015		28.00	
ATF OFFICER'S SUBTOTAL	28.00	ATF OFFICER'S SIGNATURE	
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)		(b)(6)	
OCT 2015		16.00	
ATF OFFICER'S SUBTOTAL	16.00	ATF OFFICER'S SIGNATURE	
TOTAL HOURS		44.00	
13. REVIEW AND ROUTING			
REVIEW COMMENTS AND RECOMMENDATION			
Violts WL ONLY and No Recall Inspection			
<input checked="" type="checkbox"/> REVIEWED <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> SEE COMMENTS <input type="checkbox"/> FINAL DISPOSITION			
SIGNATURE AND TITLE		REVIEW DATE	
(b)(6) - Area Supervisor		11/02/2015	

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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 SJT INC ROCKPORT PAWN & JEWELRY	Street Address 1700 HWY 35N	City ROCKPORT	State TX	Zip Code 78382-	County ARANSAS	Page 1 of 2 Pages
License/Permit/Registry Number <i>(If any)</i> 574007028B03645		Expiration Date 2/1/2018	Date(s) or Period of Inspection 10/13/2015 through 10/14/2015			

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 contact NICS or obtain a valid exception to NICS prior to transferring a firearm(s) to a licensee in **(b)(7)** instances;

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

Citation: 27 CFR 478.102(a)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Licensee is to obtain a valid Texas Conceal Permit when conducting firearm (handguns) transfers at any time when transferring to a non-licensee.

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

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License/Permit/Registry Number (If any) 574007028B03645	Expiration Date 2/1/2018	Date(s) or Period of Inspection 10/13/2015 through 10/14/2015
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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: 2

Nature of Violation:
Failure to retain the ATF Form 4473 for the prescribed period and failure to record any NICS transaction number on the form, where the licensee initiated a NICS check for a proposed firearm transaction but the sale, delivery or transfer of the firearm was not made in 1 instances;

Date Corrections to be Made:
(If not corrected immediately)

Corrective Action to be Taken: Licensee is to retain ATF Forms 4473 as prescribed under ATF GCA regulations.

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

Citation: 27 CFR 478.129(b)

I Have Received a Copy of This Report of Violations (Proprietor's signature and title)	Date
Signature and Title of ATF Officer July 9 2018 Document Production 503	Date

For Official Use Only

ATF E-Form 5030 5
Revised April 2005



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

McAllen II Field Office

NOV 02 2015

McAllen, TX 78504

www.atf.gov

CERTIFIED

782110: EDS
1000

SJT Inc.
Rockport Pawn & Jewelry
1700 Hwy 35 North
Rockport, TX 78382

Dear Ms. Murphy:

During a recent compliance inspection at your firearms business covering the period of October 13, 2014 to October 12, 2015 you were cited for violations of 27 Code of Federal Regulations, Part 48. A copy of the Report of Violations, Form 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) IO Investigator(s). You indicated that you understood the requirements of the firearms laws and regulations. You further indicated 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 effort 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 ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area, and 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.

SJT Inc.

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

(b)(6)

Area Supervisor, McAllen II

Enclosure

c: National Firearms Licensing Center
McAllen II Area Office