

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) MUELLER, BEN LOUIS BLM SUPPLY 1064 SILVER CREEK ROAD SINTON, TX 78387, BEE	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 782110-2016-0322-B1B			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">3. PERMIT/LICENSE NUMBER 574409019A03954</td> <td style="width: 33%;">4a. TARGET DATE</td> <td style="width: 33%;">4b. TARGET HOURS</td> </tr> </table>	3. PERMIT/LICENSE NUMBER 574409019A03954	4a. TARGET DATE	4b. TARGET HOURS
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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, 05/24/2016

8. PURPOSE/SPECIAL INSTRUCTIONS

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	5	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: 07/07/2016

Viols WL ONLY and No Recall Inspection

12. TIME ACCOUNTING DATA		
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)	
JUN 2016	2.00	
ATF OFFICER'S SUBTOTAL	2.00	ATF OFFICER'S SIGNATURE
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)	
MAY 2016	8.00	
JUN 2016	32.00	
JUL 2016	1.00	
ATF OFFICER'S SUBTOTAL	41.00	ATF OFFICER'S SIGNATURE
TOTAL HOURS	43.00	


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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 07/25/2016
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ROUTING SEQUENCE AND DATE

- 1. _____
- 2. _____
- 3. _____
- 4. _____

CONTROL FILE POSTED DATE _____



U.S. Department of Justice

Bureau of Alcohol, Tobacco,
Firearms and Explosives

McAllen II Field Office

JUL 25 2016

McAllen, TX 78504

www.atf.gov

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

782110: EDS
1000

Ben L Mueller
d/b/a BLM Supply
1064 Silver Creek Rd
Sinton, TX 78387

REF: 5-74-409-01-9A-03954

Dear Mr. Mueller:

During a recent compliance inspection at your firearms business covering the period of June 01, 2015 to June 01, 2016 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.

Ben L Mueller

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

Sincerely yours,

(b)(6)

Area Supervisor, McAllen II

Enclosure

c: National Firearms Licensing Center
McAllen II Area Office

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 MUELLER, BEN LOUIS BLM SUPPLY	Street Address 1064 SILVER CREEK ROAD	City SINTON	State TX	Zip Code 78387-	County Bee	Page 1 of 1 Pages
License/Permit/Registry Number (If any) 574409019A03954	Expiration Date 1/1/2019	Date(s) or Period of Inspection 06/01/2015 through 06/01/2016				

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 obtain a properly completed ATF Form 4473, Section A, prior to making an over-the-counter transfer of a firearm to a non-licensee or ^{(b)(3), Public L} form:

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

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)

Preventative measures were discussed with the licensee. In the future licensee will ensure the ATF Form 4473 is properly completed prior to the transfer of a firearm.

Number: 2

Nature of Violation:

Failure to obtain and/or furnish all information required on each ATF Form 4473 as indicated by the headings on the form and the instructions on or pertaining to it on ^{(b)(3), Public L} form:

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

Citation: 27 CFR 478.21(a)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Preventative measures were discussed with the licensee. In the future licensee will obtain all information required for each ATF Form 4473 prior to the transfer of a firearm.

I Have Received

(b)(6)

(Proprietor's signature and title)

MANAGEIR

Date

6/02/2016

Signature and Title of ATF Officer

(b)(6)

IOF

Date

6-2-16