

## Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SLAUGHTER, DAVID MARCH III 505 LOGAN AVENUE LAREDO, TX 78042, WEBB	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 782110-2017-0187-B1B
	3. PERMIT/LICENSE NUMBER 574479018E01067
	4a. TARGET DATE 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, 01/26/2017

8. PURPOSE/SPECIAL INSTRUCTIONS

9. INSPECTION RESULTS		<input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC	10. TRAVEL EXPENSES (OPTIONAL)	
NO. OF VIOLATIONS	3	NO. OF REFERRALS		2111 - PER DIEM
NO. OF TECS CHECKS	1	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: 02/23/2017  
 Viols WL ONLY and Recall Inspection

Viols WL ONLY and Recall Inspection

12. TIME ACCOUNTING DATA	
ATF OFFICER'S NAME (MONTH, YEAR, HOURS)	(b)(6)
FEB 2017	30.00
ATF OFFICER'S SUBTOTAL	30.00
TOTAL HOURS	30.00
	ATF OFFICER'S SIGNATURE

**13. REVIEW AND ROUTING**

REVIEW COMMENTS AND RECOMMENDATION

Viols WL ONLY and Recall Inspection

<input checked="" type="checkbox"/> REVIEWED	(b)(6)	<input checked="" type="checkbox"/> FINAL DISPOSITION	
SIGNATURE AND TITLE		REVIEW DATE	02/23/2017
(b)(6) - Area Supervisor			

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 SLAUGHTER, DAVID MARCH III	Street Address 505 LOGAN AVENUE	City LAREDO	State TX	Zip Code 78042-	County WEBB	Page 1 of 2 Pages
License/Permit/Registry Number <i>(If any)</i> 574479018E01067	Expiration Date 5/1/2018	Date(s) or Period of Inspection 12/13/2014 through 02/14/2017				

## 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 and/or furnish all information required in each ATF Form 4473 as indicated by the headings on the form and the instructions on or pertaining to it on <sup>(b)(7)(F)</sup> forms.

**(b)(3) 112 Public Law 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)*

IOI <sup>(b)(6)</sup> instructed licensee to make corrections on a copy of ATF Form 4473 on those forms that had errors pertaining to the seller and attach a copy to original ATF Form 4473. IOI <sup>(b)(6)</sup> reviewed all applicable regulations with licensee. Licensee acknowledged by signing and dating Acknowledgment of Federal Firearms Regulations.

**Number:** 2

**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, who is a resident of the State in which the licensee's premises is located on <sup>(b)(7)(F)</sup> form.

**(b)(3) 112 Public Law 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)*

IOI <sup>(b)(6)</sup> reminded licensee of their responsibility to ensure that all forms are completed in their entirety and correctly. IOI <sup>(b)(6)</sup> reviewed all applicable regulations with licensee. Licensee acknowledged by signing and dating Acknowledgment of Federal Firearms Regulations

# 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 SLAUGHTER, DAVID MARCH III	Street Address 505 LOGAN AVENUE	City LAREDO	State TX	Zip Code 78042-	County WEBB	Page 2 of 2 Pages
License/Permit/Registry Number <i>(If any)</i> 574479018E01067	Expiration Date 5/1/2018	Date(s) or Period of Inspection 12/13/2014 through 02/14/2017				

### 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:**

Failure to verify the identity of the transferee and note on the ATF Form 4473 the type of identification used on forms.

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

Cite 27 CFR 478.124(c)(3)(1)

**Date Corrections to be Made:**

*(If not corrected immediately)*

**Corrective Action to be Taken:**

*(If not corrected immediately)*

IOI (b)(6) instructed licensee to make corrections on a copy of ATF Form 4473 and attach copy to original ATF Form 4473. IOI (b)(6) reviewed all applicable regulations with licensee. Licensee acknowledged by signing and dating Acknowledgment of Federal Firearms Regulations.

I Have Received a Copy of This Report of Violations <i>(Proprietor's signature and title)</i>	Date
Signature and Title of ATF Officer	Date



U.S. Department of Justice

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

*McAllen II Field Office*

FEB 23 2017

*McAllen, TX 78504*

[www.atf.gov](http://www.atf.gov)

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

782110 (b)(6)  
1000

David M Slaughter III  
505 Logan Avenue  
Laredo, TX 78042

REF: 5-74-479-01-8E-01067

Dear Mr. Slaughter:

During a recent compliance inspection at your firearms business covering the period of December 13, 2016 to January 14, 2017 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.

David M Slaughter III

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