U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND			2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)						
(INCLUDE ZIP CODE AND	COUNTY)			785050-2016-0044-B1B 3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOURS					
Grayskull Armory LLC Grayskull Armory				1		4a. TARGET DATE 3/31/2016	4b. TARGET HOURS 70		
22871 West Solano D	rive			986013076A05978 3/31/2016 70 5. REQUESTED BY (SIGNATURE, TITLE AND DATE)					
Buckeye, AZ 85326, M	laricopa			Jo. KEQUEUTED	B1 (01010/1101/L	, 1112271142 27112)			
6. ATF OFFICER(S) ASSIGN	 IED								
	ead Investi	gator							
7. ASSIGNED BY (SIGNATU	JRE, TITLE A	AND DATE)							
(b)(6) , A	Area Super	visor, 10/01/20	115						
8. PURPOSE/SPECIAL INST									
Conduct a full scope S\ current provisions of GO							compliance with		
current provisions of O	O/ VIVI / 1.	сский пагасор	700 01 1334C4 TC	/ (II ally) alla/of / (of	it of regs for in	e retention.			
9. INSPECTION RESULTS	CHE	CK IF NO VIOL	ATIONS, ADJUSTM	IENTS, ETC		/EL EXPENSES (OI	PTIONAL)		
NO. OF VIOLATIONS	5	NO. OF REFE			2111 - PE	R DIEM			
NO. OF TECS CHECKS	3	NO. OF TECS	HITS		2112 - P.0	D.A.			
NO. OF TAX		\$ VALUE OF T	AX INCREASES		2113 - CC				
ADJUSTMENTS		\$ VALUE OF T	AX DECREASES		2114 - RE	ENTAL CAR			
NO. OF ASSESSMENTS		\$ VALUE OF A	SSESSMENTS		2115 - GI	PV EXPENSES			
NO. OF CLAIMS		\$ VALUE OF C	LAIMS		2116 - MI				
NO. OF TAX PERIODS		\$ VALUE OF T	AXES VERIFIED		TOTAL \$	FOR INSP.			
11. ATF OFFICER'S RECOM	MENDATIO	N							
Submitted by (b)(6)	- Indus	stry Operations	s Investigator						
Submitted on: 01/05/20	116								
Odbinitted on: 0 1/00/20	710								
Viols WC with WL a	and Recall								
			12. TIME ACCO	UNTING DATA					
ATF OFFICER'S NAME (MC			o)(6)						
DEC 2	015	18.50	T						
ATF OFFICER'S SUBTOTAL	-	18.50	ATF OFFICER'S	SIGNATURE					
TOTAL HOURS		18.50	•						
			13. REVIEW A	ND ROUTING					
REVIEW COMMENTS AND	RECOMME	NDATION							
				a ROV for four low-vo					
				check merits a Warni or the following reason					
				ld not prove the check					
				queries of the purcha					
absence of a complic			arm commerce (tran	sacting only nine firea	arms in the last 12	montns); and (4.) tr	ne licensee s		
·	•			the licenses (via serti	fied meet with retu	urn receipt) on 04/07	/46: a Dagall		
				the licensee (via certi e day. No further field			716, a Recall		
· Viols WL ONLY and	- '	•	•		,				
	·		ICHP 877.0	SEE COMMENTS	NO EINIAL D	ISDOSITION			
SIGNATURE AND TITLE	EVIEWED		ICUR XS	SEE COMMENTS	∑ FINAL DI REVIEW DA				
(b)(6) - Area Supe	ervisor				INC VIC VV DA	01/05/201	6		

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND ADDRESS	2. U.I. NUMBER (OF	RG. SEG. CO	DE, ASSIGNMENT N	O., P.P.C.)					
(INCLUDE ZIP CODE AND COUNTY)	· ·	785050-2016-0044-B1B							
Grayskull Armory LLC	3. PERMIT/LICENSE		4a. TARGET DATE	4b. TARGET HOURS					
Grayskull Armory	986013076A		3/31/2016	70					
22871 West Solano Drive			L	1 , 0					
Buckeye,AZ 85326, Maricopa	5. REQUESTED BY	(SIGNATURE	I, TITLE AND DATE)						
Buokeyo, in coope, manoopa									
	13. REVIEW AND ROUTING								
REVIEW COMMENTS AND RECOMMENDATION									
I concur with the Area Supervisor's alternate recomm	mendation of Warning Letter and Recall in	nspection							
Toolloan with the Area Supervisor's alternate resoluti	neridation of warning Letter and Resair in	порсолоп.							
Viols WL ONLY and Recall Inspection									
·									
X REVIEWED CONCU	JR SEE COMMENTS	FINAL [DISPOSITION						
SIGNATURE AND TITLE	**	REVIEW D	 ATF						
MSMITCHEM - Director of Industry Operations		NEVIEW B	01/06/2016	3					
Weight of Eliv Brooks of Industry Operations		+							
ROUTING SEQUENCE AND DATE									
□1.									
		FILE POSTE	D DATE						
□3. □4.									
☐ ^{4.}									

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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	п	c	TI	_	c	TI	n	n	16

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 Grayskull Armory LLC Grayskull Armory	Street Address 22871 West Solano	Drive	City Buckeye	State AZ	Zip Code 85326-	County Maricopa	Page 1 of 3 Pages
License/Permit/Registry Number (If any) 986013076A05978		Expiration Date 1/1/2016			of Inspection igh 12/16/2015		

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 record the manufacture or other acquisition of [0] firearm Disposition (A&D) Record (SN (b)(3) 112 Public Law 55 125 S1AT 552 firearm in the Acquisition and

Citation: 27 CFR 478.123(a)

Number: 2

For Official Use Only

Nature of Violation:

Failure to record the disposition of firearms to non licensees in the Acquisition and Disposition (A&D) Record (SN(b)(3) 112 Public Law 55 125 STAT 552

Citation: 27 CFR 478.123(d)

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

Corrective Action to be Taken: The Licensee used supporting information available to record the acquisition in the A&D records.

(If not corrected immediately)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: The Licensee used supporting information available to

record the dispositions in the A&D records. (If not corrected immediately)

Bureau of Alcohol, Tobacco, Firearms and Explosives

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 Grayskull Armory LLC	Street Address 22871 West Solano Drive		City Buckeye		State AZ	Zip Code 85326-	County Maricopa	Page 2 of 3 Pages
Grayskull Armory								
License/Permit/Registry Number (If any) 986013076A05978		Expiration Date 1/1/2016		25/4		of Inspection		

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 on (0)(3) 112 ATF Form 4473, to obtain and record all required transferee information (b)(3) 112 Public Law 55 125 STAT 552 (b)(6)

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

(If not corrected immediately)

Corrective Action to be Taken: IOI (b)(6) told the Licensee to ensure that for all future ATF Forms 4473, that before transferring a firearm, they must ensure that the Transferee signs Item 16 and records the correct date for Item 17. If they elect to have the Transferee return to make a correction, they are to make a copy of the page needing correction, have the Transferee make the correction on the copy, initial and date the correction, and insert the corrected copy in with the original ATF Form 4473.

Citation: 27 CFR 478.124(c)(1)

Number: 4

Nature of Violation:

ATF Forms 4473, to properly sign and/or record the correct date of transfer of a firearm (b)(3) 112 Public Law 55 125 STAT 552 (b)(6)

Date Corrections to be Made: (If not corrected immediately) Corrective Action to be Taken: IO (If not corrected immediately)

(b)(6) told the Licensee to make a copy of the page needing correction and using the supporting information available, initial and date the correction on the copy, and insert the corrected copy in with the original ATF Form 4473.

Report of Violations

Please write firmly with a ball point pen representative. The remaining copies wi	when completing this form. ATE	officers will prepare thi	uctions s form in triplica ervisors will deta	ate. The original co ach one copy from	py will be given the completed re	to the proprietor or a resp port for their files.	oonsible
Name of Proprietor Grayskull Armory LLC Grayskull Armory	Street Address 22871 West Solano I				Zip Code 85326-	County Maricopa	Page 3 of 3 Pages
License/Permit/Registry Number (If an 986013076A05978							
		Inspecti	on Results				
An examination of your premises, record	s and operations has disclosed the	he following violations w	which have been	explained to you:			
Failure on one occasion, to conduct a to a non-licensee (D)(6) Citation: 27 CFR 478.102(a)			(i) NOI COTTE	ected immediately)	NICS backgro Concealed Car	before transferring a fired und check or examine a cry Permit (CCP), record details of the CCP on the	valid State of Arizor ing either the NICS
Have Received a Copy of This, Report of	Violations (Proprietor's signa	ture and title)				T I	Date
Mark toba		1000-1000 TO 1000					12.16-15
gna						I	Date
$(A \cap A \cap A)$	101						17-16-1

ATF E-Form 5030.5 Revised April 2005

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

www.atf.gov

Grayskull Armory LLC Grayskull Armory 22871 West Solano Drive Buckeye, AZ 85326 P.F. 9 86 013 07 64 05979

RE: 9-86-013-07-6A-05978

January 7, 2016

Mr. Mark Johannsen:

During a recent inspection at your firearms business covering the period of December 11, 2014 to December 11, 2015 you were cited for multiple recordkeeping violations as part 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 by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Industry Operations Investigator. You 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.

Grayskull Armory LLC

Should you have any questions regarding this matter, please contact me directly at(b) (6)



Enclosure

c: Federal Firearms Licensing Center Phoenix III (IO) Field Office