Assignment and Report

1. OPERATING NAME AND ADDRESS	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)						
(INCLUDE ZIP CODE AND COUNTY)	785050-2017-0061-B1B						
RTT Firearms LLC	3. PERMIT/LICENSE NUMBER	4a. TARGET DATE	4b. TARGET HOURS				
RTT Firearms	986015078G09221	1/31/2017	70				
1465 Countryshire Avenue - Unit 100 Lake Havasu City,AZ 86403, Mohave	5. REQUESTED BY (SIGNATURE	E, TITLE AND DATE)					

6. ATF OFFICER(S) ASSIGNED

(b) (6) - Lead Investigator

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)

(b)(6), Area Supervisor, 11/22/2016

8. PURPOSE/SPECIAL INSTRUCTIONS

Conduct a full scope SWB-DE compliance inspection while evaluating for trafficking indicators; Assure compliance with current provisions of GCA. In vetting information provided by the attached referral, investigate manufacturer processes and scrutinize recordkeeping for proper adherence to the GCA. *NOTE: Retain hardcopies of issued ROV (if any) and/or Ack of Regs for file retention.

9. INSPECTION RESULTS	CHE	CK IF NO VIOLATIONS, ADJUSTM		10. TRAVEL EXPENSES (OPTIONAL)
NO. OF VIOLATIONS	14	NO. OF REFERRALS	(b) (3) - Public La	2111 - PER DIEM	
NO. OF TECS CHECKS	19	NO. OF TECS HITS		2112 - P.O.A.	
NO. OF TAX		\$ VALUE OF TAX INCREASES		2113 - COMM. AIR	
ADJUSTMENTS		\$ 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 CDTYSON - Industry Operations Investigator

Submitted on: 06/12/2017
Revocation is recommended based on knowingly making false representation with respect to information required on ATF Forms 4473.

Viols and Revocation / Denial of Renewal App

			12. TIME ACCOUNTING DATA
ATF OFFICER'S NAME (MONTH,	YEAR, HOURS) (b) (6)
DEC	2016	31.00	
JAN	2017	70.00	
FEB	2017	48.00	
MAR	2017	25.00	
APR	2017	30.00	
MAY	2017	9.00	
JUN	2017	16.50	
JUL	2017	1.00	
AUG	2017	6.00	
ATF OFFICER'S SUBTOT	AL	236.50	ATF OFFICER'S SIGNATURE
TOTAL HOURS		236.50	

Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) RTT Firearms LLC RTT Firearms 1465 Countryshire Avenue - Unit 100 Lake Havasu City, AZ 86403, Mohave	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)
13. REVIEW ANI) ROUTING
single licensing violation. Although the licensee's false representation recommended that the license receive a Warning Conference (with a Faway from his licensed premises, a full NICS check was run (with none transactions, (2.) the licensee had a filed and pending COA for the prevoccurred, (3.) (1.) (1.3	e COA application was received by the FFLC), (4.) the violation for elf) merits a Warning Conference, and (5.) remaining identified on 08/01/17; a WC follow-up letter was sent to the licensee (via certified post
REVIEWED CONCUR SEE	E COMMENTS TINAL DISPOSITION
SIGNATURE AND TITLE (b) (6) - Area Supervisor	REVIEW DATE 05/22/2017
separate occasions the licensee sold firearms away from his lice previously licensed business premises located in Marysvale, Utah. The through June 27, 2016. However, on June 27, 2016 a Change of Addr Havasu City, Arizona was approved. From June 27, 2016 through Dec separate transactions firearms were sold from the Utah loc corresponding ATF Forms 4473 for these sales indicated on questions licensee admitted that these sales occurred at the unlicensed business Although the licensee conducted business away from his licensed busine required NICS check was conducted appropriately. Additionally, this is making an alternate recommendation of DIO Warning Conference in lie DIO Warning Conference was held with the licensee on August 1, 2017, 2017. Viols DIO (or Delegate) Held WC ILO Revocation	sember 14, 2016 the Utah location did not hold any FFL. During that time, on sation. All sales were confirmed through forward traces. Each of the 31 and 32 that the sales were made by the Lake Havasu City FFL. The premises. The premises premises, all sales were completed on an ATF Form 4473 and the sthe licensee's first compliance inspection. Due to these reasons, I ame au of Revocation. The premises of the licensee on August 8, A post DIO Warning conference was sent to the licensee on August 8,
	E COMMENTS FINAL DISPOSITION
SIGNATURE AND TITLE MSMITCHEM - Director of Industry Operations	REVIEW DATE 06/27/2017
ROUTING SEQUENCE AND DATE 1	CONTROL FILE POSTED DATE

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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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 RTT Firearms LLC RTT Firearms	Street Address 1465 Country shire Av	renue - Unit 100	City Lake Havasu Ci		State AZ	Zip Code 86403-	County Mohave	Page 1 of 6 Pages
License/Permit/Registry Number (If any) 986015078G09221				Date(s) or Period of Inspection 06/27/2016 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: 5

Nature of Violation:

Failure to obtain and record all required transferee information

ATF Forms 4473.

Citation: 27 CFR 478.124(c)(1)

Number: 8

Nature of Violation:

Failure to record or correctly record all required firearm identification information ATF Forms 4473.

Citation: 27 CFR 478.124(c)(4)

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to ensure the transferee completes or correctly completes all required information in all future transactions.

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to make a copy of the page needing correction, initial and date the correction on the copy and insert the corrected copy into the original, if substantiating information was available to support the correction. SIOI (b) (6) advised the licensee to ensure all required firearms information is properly recorded in all future transactions.

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Instructions

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Name of Proprietor RTT Firearms LLC RTT Firearms	Street Address 1465 Country shire Av	enue - Unit 100	City Lake Havasu Ci		State AZ	Zip Code 86403-	County Mohave	Page 2 of 6 Pages
License/Permit/Registry Number (If any) 986015078G09221		•		Date(s) or Period of Inspection 06/27/2016 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: 9

Nature of Violation:

Failure to properly sign and/or record the correct date of transfer of a firearm Forms 4473.



Citation: 27 CFR 478.124(c)(5)

Number: 10

Nature of Violation:

Failure to execute an ATF Form 4473 or .a "law letter" for the transfer of three firearms instance

Citation: 27 CFR 478.124(a)

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

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to make a copy of the page needing correction, initial and date the correction on the copy and insert the corrected copy into the original ATF Form 4473.

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee that in all future transactions an ATF Form 4473 will have to be completed in the event a transfer is made to a law enforcement officer without a "law letter". The law letter needs to state the firearm is a duty weapon, the officer does not have any domestic violence misdemeanors, and be signed by the Chief of the agency.

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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Name of Proprietor RTT Firearms LLC RTT Firearms	Street Address 1465 Countryshire Av	enue - Unit 100	City Lake Havasu Ci		State AZ	Zip Code 86403-	County Mohave	Page 3 of 6 Pages
License/Permit/Registry Number (If any) 986015078G09221		•		Date(s) or Period of Inspection 06/27/2016 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: 11

Nature of Violation:

Failure to initiate a background check in the transfer of firearms instance.

Citation: 27 CFR 478.102(a)

Number: 12

Nature of Violation:

Failure to record the identifying number of a purchaser's permit instance.

Citation: 27 CFR 478.131(a)(2)

Number: 13

Nature of Violation:

Failure to conduct the transfer of firearms at the address specified on the license

instances.

Citation: 27 CFR 478.50

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

Corrective Action to be Taken: The licensee will ensure a background check is conducted or a "law letter" is obtained for all future transfers to law (If not corrected immediately)

enforcement officers.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: The licensee will ensure all required information is recorded

in all future transactions. (If not corrected immediately)

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) advised the licensee that at no time will he conduct business except at the licensed premises or a

sanctioned gunshow or gun event.

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Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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Name of Proprietor RTT Firearms LLC RTT Firearms	Street Address 1465 Country shire Av	renue - Unit 100	City Lake Havasu Ci		State AZ	Zip Code 86403-	County Mohave	Page 4 of 6 Pages
License/Permit/Registry Number (If any) 986015078G09221		1		Date(s) or Period of Inspection 06/27/2016 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: 14

Nature of Violation:

Knowingly making a false representation with respect to information required ATF Forms 4473.

Citation: 27 CFR 478.128(c)

Number: 15

Nature of Violation:

Failure to record the manufacture or other acquisition firearms in the Acquisition and Disposition (A&D) record. Failure to correctly record all required information on the manufacture or other acquisition firearms in the A&D record.

Citation: 27 CFR 478.123(a)

Number: 16

Nature of Violation:

Failure to record the disposition of firearms to another licensee in the Acquisition and Disposition (A&D) Record. Failure to correctly record all required disposition information of rearms to another licensee in the A&D record.

Citation: 27 CFR 478.123(b)

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

Corrective Action to be Taken: The licensee will ensure false statements or representations are not made in future transactions. (If not corrected immediately)

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

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to correct the A&D errors, if supporting information was available to substantiate the correction

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

Corrective Action to be Taken: SIOI

(If not corrected immediately)

(b) (6) instructed the licensee to correct the A&D errors, if supporting documentation was available to substantiate the correction

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Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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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 RTT Firearms LLC RTT Firearms	Street Address 1465 Countryshire Av	venue - Unit 100	City Lake Havasu Ci	ty	State AZ	Zip Code 86403-	County Mohave	Page 5 of 6 Pages
License/Permit/Registry Number (If any) 986015078G09221		Expiration Date 7/1/2018		Date(s) or Period of Inspection 06/27/2016 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: 17

Nature of Violation:

Failure to correctly record all required disposition information [15] [15] to a nonlicensee

in the A&D Record.

Citation: 27 CFR 478.123(d)

Number: 19

Nature of Violation:

Failure to verify and/or record proper transferee's identification documents. ATF Forms

4473.

Citation: 27 CFR 478.124(c)(3)(i)

Number: 20

Nature of Violation:

Failure to record all required NICS transaction information ATF Forms 4473.

Citation: 27 CFR 478.124(c)(3)(iv)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to correct the A&D errors, if supporting documentation was available to (If not corrected immediately)

substantiate the correction.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to ensure identification is

obtained and properly recorded on all future ATF Forms (If not corrected immediately)

4473.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: SIOI (b) (6) instructed the licensee to ensure required NICS

information is recorded in all future transactions. (If not corrected immediately)

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Report of Violations

Please write firmly with a ball point pen when con representative. The remaining copies will be subm Name of Proprietor RTT Firearms LLC RTT Firearms	ompleting this form. ATF officers will prepare the mitted with the completed inspection report. Sup-							Page 6 of 6 Pages	
License/Permit/Registry Number (If any) 986015078G09221	Expiration Date 7/1/2018				te(s) or Period of Inspection 27/2016 through 12/14/2016				
			tion Results						
An examination of your premises, records and open	ations has disclosed the	e tollowing violations	which have been e	xplained t	o you:				
An examination of your premises, records and operations has disclosed the following violations which have been explained to you: Number: 21 Nature of Violation: Failure to furnish or obtain all information as required by headings and instructions and instructions are found to be a second to a second to be a second to a second									
I Have Received a Copy of This Report of Violations (Proprietor's signature and title)								Date	
Signature and Title of ATF Officer								Date	