

Assignment and Report

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|--|---|--|-------------------------------------|-------------------------|
| 1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) SCHAFFER, NORMAN JOSEPH NWE 1070 NORTH STATE ST UKIAH, CA 95482, Mendocino | 2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) <div style="text-align: center;">786060-2014-0217-B1B</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">3. PERMIT/LICENSE NUMBER 968045016F02149</td> <td style="width: 33%;">4a. TARGET DATE 9/15/2015</td> <td style="width: 33%;">4b. TARGET HOURS</td> </tr> </table> 5. REQUESTED BY (SIGNATURE, TITLE AND DATE) | 3. PERMIT/LICENSE NUMBER 968045016F02149 | 4a. TARGET DATE 9/15/2015 | 4b. TARGET HOURS |
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6. A. SIGNED

| | |
|---------|-------------------------|
| (b) (6) | Lead Investigator |
| (b) (6) | - Assigned Investigator |
| (b) (6) | - Assigned Investigator |
| (b) (6) | - Assigned Investigator |

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)
 (b) (6) Area Supervisor, 07/14/2014

8. PURPOSE/SPECIAL INSTRUCTIONS

| | | | | | |
|------------------------------|---|---|--|---------------------------------------|--|
| 9. INSPECTION RESULTS | | <input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC | | 10. TRAVEL EXPENSES (OPTIONAL) | |
| NO. OF VIOLATIONS | 6 | NO. OF REFERRALS | | 2111 - PER DIEM | |
| NO. OF TECS CHECKS | | 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: 11/25/2014
 in the FLS database, change the home address of Mr. Norman Schaffer to (b) (6)

Viols WC with WL and Recall

| 12. TIME ACCOUNTING DATA | | |
|---|---------|-------------------------|
| ATF OFFICER'S NAME (MONTH, YEAR, HOURS) | (b) (6) | |
| JUL 2014 | 8.00 | |
| AUG 2014 | 6.00 | |
| SEP 2014 | 40.00 | |
| OCT 2014 | 4.00 | |
| FEB 2015 | 12.00 | |
| MAR 2015 | 15.00 | |
| APR 2015 | 7.00 | |
| SEP 2015 | 16.00 | |
| ATF OFFICER'S SUBTOTAL | 108.00 | ATF OFFICER'S SIGNATURE |
| ATF OFFICER'S NAME (MONTH, YEAR, HOURS) | (b) (6) | |
| SEP 2014 | 32.00 | |
| FEB 2015 | 24.00 | |
| MAR 2015 | 13.00 | |
| APR 2015 | 8.00 | |
| SEP 2015 | 16.00 | |
| ATF OFFICER'S SUBTOTAL | 93.00 | ATF OFFICER'S SIGNATURE |

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| | 3. PERMIT/LICENSE NUMBER 968045016F02149 |
| | 4a. TARGET DATE 9/15/2015 |
| | 4b. TARGET HOURS |
| 5. REQUESTED BY (SIGNATURE, TITLE AND DATE) | |

| 12. TIME ACCOUNTING DATA | | |
|---|---------|-------------------------|
| ATF OFFICER'S NAME (MONTH, YEAR, HOURS) | (b) (6) | |
| MAR 2015 | 8.00 | |
| AUG 2015 | 2.00 | |
| SEP 2015 | 8.00 | |
| ATF OFFICER'S SUBTOTAL | 18.00 | ATF OFFICER'S SIGNATURE |
| ATF OFFICER'S NAME (MONTH, YEAR, HOURS) | (b) (6) | |
| FEB 2016 | 1.00 | |
| ATF OFFICER'S SUBTOTAL | 1.00 | ATF OFFICER'S SIGNATURE |
| TOTAL HOURS | 220.00 | |

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

12/9/14: A full compliance inspection was conducted on 9/18/2014. A report of violations was issued to include failure to complete multiple sales reports for handgun transactions. In addition, the FFL had a high volume of firearms traced to individuals involved in an illegal narcotic investigation. Although ATF CE found the dealer to be cooperative in their investigation, I recommend that an in person conference be held to discuss the violations and internal control mechanisms that could contribute to enhanced public safety.

4/7/15: A warning conference on 2/26/15 disclosed additional information in which the licensee has knowingly allowed a prohibited person who is in control of his business to possess firearms, after being instructed to remove the person from the business it was determined that the prohibited individual was still conducting transfers as of 3/3/15. In addition the licensee has continually failed to report multiple hand gun sales after being instructed to do so on 9/18/2014.

Based on the new findings I am recommending revocation of the FFL based on willfull disregard to ATF laws and regulations.

Viols and Revocation / Denial of Renewal App

REVIEWED
 CONCUR
 SEE COMMENTS
 FINAL DISPOSITION

| | |
|---|---------------------------|
| SIGNATURE AND TITLE (b) (6) NSPECT Program Manager | REVIEW DATE 12/09/2014 |
|---|---------------------------|

REVIEW COMMENTS AND RECOMMENDATION

I concur with AS in that a warning conferenece should be conducted. The licensee failed to report multiple dispostions of firearms on at least several occasions. The licensee denied knowledge of his responsibilities to this end- which is a basic and well known requirement.

Also, being in a relatively remote location of California the licensee has been the recipient of a significant number of trace inquiries.

The AS should work with the licensee to ensure he understands his obligations under the GCA to improve traceability of firearms and his obligations to report multiple sales of firearms as appropriate.

On 26 February 2015, the warning conference was held with the licensee. The licensee has continued to fail to report mutple sales of subject firearms, even ater being directed to and warned to report such sales. Moreover, the licensee's son, a prohibited person, was found to be managing the the licensee business under the direction of the licensee.

Accordingly, on 22 April 2015, Division management, inclusive of division counsel, reviewed and is in agreemnt that we should pursue revocation.

Viols and Revocation / Denial of Renewal App

REVIEWED
 CONCUR
 SEE COMMENTS
 FINAL DISPOSITION

| | |
|--|---------------------------|
| SIGNATURE AND TITLE CJYODER - Director of Indusrty Operations | REVIEW DATE 12/10/2014 |
|--|---------------------------|

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| | 3. PERMIT/LICENSE NUMBER 968045016F02149 | 4a. TARGET DATE 9/15/2015 | 4b. TARGET HOURS |
| | 5. REQUESTED BY (SIGNATURE, TITLE AND DATE) | | |

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 SCHAFFER, NORMAN JOSEPH NWE | Street Address 1070 NORTH STATE ST | City UKIAH | State CA | Zip Code 95482- | County Mendocino | Page 1 of 2 Pages |
| License/Permit/Registry Number <i>(If any)</i> 968045016F02149 | | Expiration Date 6/1/2016 | Date(s) or Period of Inspection 09/15/2013 through 09/15/2014 | | | |

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:
 (1) On ATF F 4473: Item 10b, race was left blank; Item 18, type of firearm was left blank, Item 30a, number of firearms transferred was left blank; and Item 30c, "Private Party Transfer" was not written in the space for multiple handguns transactions.
Citation: 27 CFR 478.21(a)

Date Corrections to be Made:
(If not corrected immediately)
Corrective Action to be Taken: Make a copy of the form, have the customer complete the information, and the seller complete his information on the form.
(If not corrected immediately)

Number: 2
Nature of Violation:
 (2) On ATF F 4473: Item 1, middle name box was left blank; Item 2, county was abbreviated and on other forms "US" and "USA" were written in for county; Item 3, the state of birth was left blank; and in Item 10b, the race of the purchaser was left blank.
Citation: 27 CFR 478.124(c)(1)

Date Corrections to be Made:
(If not corrected immediately)
Corrective Action to be Taken: Make a copy of the form and have the customer complete the missing information.
(If not corrected immediately)

Number: 3
Nature of Violation:
 (3) On ATF F 4473: Item 20a, identification of the purchaser (driver's license information) was not recorded.
Citation: 27 CFR 478.124(c)(3)(i)

Date Corrections to be Made:
(If not corrected immediately)
Corrective Action to be Taken: Make a copy of the form and record the information on the form.
(If not corrected immediately)

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| | | | | | | |
|---|---------------------------------------|-----------------------------|--|--------------------|---------------------|----------------------|
| Name of Proprietor SCHAFFER, NORMAN JOSEPH NWE | Street Address 1070 NORTH STATE ST | City UKIAH | State CA | Zip Code 95482- | County Mendocino | Page 2 of 2 Pages |
| License/Permit/Registry Number <i>(If any)</i> 968045016F02149 | | Expiration Date 6/1/2016 | Date(s) or Period of Inspection 09/15/2013 through 09/15/2014 | | | |

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 4

Nature of Violation:

(4) On ATF F 4473: Item 21a (NICS/DROS date), Item 21b (NICS/DROS number) and Item 21c (response) was not completed.

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

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Make a copy of the form and record the information on the form.

Number: 5

Nature of Violation:

(5) In the bound book record, failure to record the disposition of firearms.

Citation: 27 CFR 478.125(e)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

Record the missing information in the bound book record immediately.

Number: 6

Nature of Violation:

(6) Failure to report the multiple sales of firearms to ATF on ATF F 3310.4 forms.

Citation: 27 CFR 478.126a

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

The licensee immediately prepared the forms and faxed them to ATF.

| | |
|---|------|
| 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 |