

Assignment and Report

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------|
| 1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Kluge, John David K&S Enterprises 5760 Silveyville Road Dixon, CA 95620, Solano | 2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 786060-2015-0274-B1B <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">3. PERMIT/LICENSE NUMBER 968095018D34393</td> <td style="width: 33%;">4a. TARGET DATE 9/15/2015</td> <td style="width: 33%;">4b. TARGET HOURS</td> </tr> </table> | 3. PERMIT/LICENSE NUMBER 968095018D34393 | 4a. TARGET DATE 9/15/2015 | 4b. TARGET HOURS |
| 3. PERMIT/LICENSE NUMBER 968095018D34393 | 4a. TARGET DATE 9/15/2015 | 4b. TARGET HOURS | | |
| 5. REQUESTED BY (SIGNATURE, TITLE AND DATE) | | | | |

6. ATF OFFICER(S) ASSIGNED
 (b)(6) - Lead Investigator

7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)
 (b)(6), Area Supervisor, 07/14/2015

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 | | 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: 09/15/2015
 John Kluge's home address in FLS is incorrect. It should be (b)(6). Please add Mr. Kluge's cell phone number (b)(6) as an additional contact phone number.
 Viols WL ONLY and No Recall Inspection

| 12. TIME ACCOUNTING DATA | | | |
|-----------------------------------------|-------|-------------------------|--|
| ATF OFFICER'S NAME (MONTH, YEAR, HOURS) | | (b)(6) | |
| AUG 2015 | 31.00 | | |
| SEP 2015 | 9.00 | | |
| ATF OFFICER'S SUBTOTAL | 40.00 | ATF OFFICER'S SIGNATURE | |
| TOTAL HOURS | 40.00 | | |

13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION
 A full compliance inspection was conducted on 8/25/15. A ROV was issued and a warning letter was sent on 10/26/15. No further action required>

Please correct FLS:
 Mr. Kluge's home address in FLS incorrect. It should be (b)(6). Please add Mr. Kluge's cell phone number (b)(6) as an additional contact phone number.

Viols WL ONLY and No Recall Inspection

REVIEWED
 CONCUR
 SEE COMMENTS
 FINAL DISPOSITION

| | |
|--------------------------------------------------------|---------------------------|
| SIGNATURE AND TITLE (b)(6) - NSPECT Program Manager | REVIEW DATE 10/26/2015 |
|--------------------------------------------------------|---------------------------|

Assignment and Report

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------|------------------|
| 1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) Kluge, John David K&S Enterprises 5760 Silveyville Road Dixon, CA 95620, Solano | 2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 786060-2015-0274-B1B | | |
| | 3. PERMIT/LICENSE NUMBER 968095018D34393 | 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 Kluge, John David K&S Enterprises | Street Address 5760 Silveyville Road | City Dixon | State CA | Zip Code 95620- | County Solano | Page 1 of 3 Pages |
| License/Permit/Registry Number <i>(If any)</i> 968095018D34393 | Expiration Date 4/1/2018 | Date(s) or Period of Inspection 08/25/2014 through 08/24/2015 | | | | |

Inspection Results

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

Number: 2

Nature of Violation:

Failure to complete Section A, item I; Are you an alien admitted to the United States under a nonimmigrant visa?

Prior to making an over-the-counter transfer of a firearm to a nonlicensee who is a resident of the State in which the licensee's business premises is located, the licensed importer, licensed manufacturer, or licensed dealer to so transferring the firearm shall obtain a Form 4473 from the transferee showing the transferee's name, sex, residence address (including county or similar political subdivision), date and place of birth; height, weight and race of the transferee; the transferee's country of citizenship; the transferee's INS-issued alien number or admission number; the transferee's State of residence; and certification by the transferee that the transferee is not prohibited by the Act from transporting or shipping a firearm in interstate or foreign commerce or receiving a firearm which has been shipped or transported in interstate or foreign commerce or possessing a firearm in or affecting commerce.

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)

There was none. Licensee was counseled on completing the ATF Form 4473

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 Kluge, John David K&S Enterprises | Street Address 5760 Silveyville Road | City Dixon | State CA | Zip Code 95620- | County Solano | Page 2 of 3 Pages |
| License/Permit/Registry Number <i>(If any)</i> 968095018D34393 | | Expiration Date 4/1/2018 | Date(s) or Period of Inspection 08/25/2014 through 08/24/2015 | | | |

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 prepare ATF Form 3310.4 Report of Multiple Sale or Other Disposition of Pistols and Revolvers after disposing two or more handguns to an unlicensed person in  separate instances.

Each licensee shall prepare a report of multiple sales or other disposition whenever the licensee sells or otherwise disposes of at one time or during any five consecutive business days, two or more pistols, or revolvers, or any combination of pistols and revolvers totaling two or more to an unlicensed person. The report shall be prepared on Form 3310.4 Report of Multiple Sale or Other Disposition of Pistols and Revolvers not later than the close of business on the day that the multiple sale or other disposition occurs. The licensee shall forward two copies of Form 3310.4 to the ATF office specified thereon and one copy to the State police or to the local law enforcement agency in which the sale or other disposition took place.

Citation: 27 CFR 478.126a

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

On August 25, 2015 the licensee prepared the Form 3310.4 and reported the multiple sales transactions to ATF.

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 Kluge, John David K&S Enterprises | Street Address 5760 Silveyville Road | City Dixon | State CA | Zip Code 95620- | County Solano | Page 3 of 3 Pages |
| License/Permit/Registry Number <i>(If any)</i> 968095018D34393 | Expiration Date 4/1/2018 | Date(s) or Period of Inspection 08/25/2014 through 08/24/2015 | | | | |

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:

Failure to complete Section A, item 10a, Ethnicity in [REDACTED] instances.

All of the information called for in each form shall be furnished as indicated by the headings on the form and the instructions on or pertaining to the form. In addition, information called for in each form shall be furnished as required by this part.

Citation: 27 CFR 478.21(a)

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken:

(If not corrected immediately)

There was no corrective action. Licensee was counseled on completing the ATF Form 4473

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

www.atf.gov

Kluge, John David
K&S Enterprises
5760 Silveyville Road
Dixon, CA 95620-
RE: 968095018D34393

Dear John Kluge:

During a recent inspection at your firearms business covering the period August 25, 2014 to August 24, 2015 you were cited for violations 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 or your designated responsible person by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Industry Operations Investigator(s). You or your responsible person 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.

Kluge, John David

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

Sincerely yours,

(b)(6)

San Francisco Area Supervisor

10/26/15

Enclosure

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