Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY)	2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 787065-2017-0176-B1B						
Survival College, LLC 141 Scotlyn Ranch Road Kamiah ID 83536, Idaho	3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOURS 982049017J02991 4/30/2017 20 5. REQUESTED BY (SIGNATURE, TITLE AND DATE)						
	13. REQUESTED BT (SIGNATURE, TITLE AND DATE)						
6. ATF OFFICER(S) ASSIGNED (b)(6) - Lead Investigator							
7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)							
(b)(6), Area Supervisor, 10/25/2016							

Conduct an onsite DE Inspection to determine if the licensee is operating in compliance with applicable Federal Firearms laws and regulations. Advise the licensee of all pertinent laws and regulations.

9. INSPECTION RESULTS	CHE	CK IF NO VIOLATIONS, ADJUSTMEN	ITS, ETC	10. TRAVEL EXPENSES	(OPTIONAL)
NO. OF VIOLATIONS	1	NO. OF REFERRALS		2111 - PER DIEM	
NO. OF TECS CHECKS	4	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 (b)(6) - Industry Operations Investigator

Submitted on: 02/14/2017

An unannounced onsite DE Firearms Inspection of Survival College, LLC at the licensed business premises in Kamiah, Idaho was conducted. This inspection was conducted concurrently with an inspection of one (1) other Federal Explosives License (FEL) located at the same business premises address: Survival College LLC; 9-ID-049-20-7F-00448 (Manufacturer of Explosives); UI# 787065-2017-0065.

The license held by the licensee is appropriate for the business activities and is in compliance with zoning regulations and the required state/local licenses. SIOI (b) (6) reviewed the information contained in the Federal Licensing System (FLS) database with Mr. Harris. FLS needs be updated to reflect his correct home address: (b)(6)

Viols WL ONLY and No Recall Inspection

	12. TIME ACCOUNTING DATA				
ATF OFFICER'S NAME (M	MONTH, YEAR, HO	JRS)	b)(6)		
OCT	2016	5.00			
JAN	2017	7.00			
FEB	2017	7.50			
ATF OFFICER'S SUBTOT	AL	19.50	ATF OFFICER'S SIGNATURE		
TOTAL HOURS		19.50			

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Survival College, LLC	3. PERMIT/LICENSE NUMBER	4a. TARGET DATE	4b. TARGET HOURS			
141 Scotlyn Ranch Road	982049017J02991	4/30/2017	20			
Kamiah,ID 83536, Idaho	5. REQUESTED BY (SIGNATURI	E, TITLE AND DATE)				
13. REVIEW AN	D ROUTING					
REVIEW COMMENTS AND RECOMMENDATION						
An inspection was conducted to determine if the licensee is operating i disclosed one violation for failing to maintain an accurate Acquisition a firearms were immediately reported to ATF. Recommend a Warning L Viols WL ONLY and No Recall Inspection	nd Disposition Record resulting in	firearms reported as	s. The inspection missing. The			
🗙 REVIEWED 🛛 CONCUR 🔄 SE	E COMMENTS 🛛 🔀 FINAL I	DISPOSITION				
SIGNATURE AND TITLE	REVIEW D					
LDYOUNG - Acting DIO		02/28/2017	7			
ROUTING SEQUENCE AND DATE 1. 2. 3. 4.	CONTROL FILE POSTE	D 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 Survival College, LLC	Street Address 141 Scotlyn Ranch R	oad	City Kamiah	State ID	Zip Code 83536-	County Idaho	Page 1 of 1 Pages
License/Permit/Registry Number (If any) 982049017J02991		Expiration Date 9/1/2017			f Inspection h 01/26/2017		
		T (· • • •				

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:

The licensee failed to maintain an accurate Acquisition and Disposition Record firearms were determined missing from inventory as a result of this inspection.

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

(If not corrected immediately)

Corrective Action to be Taken: At the conclusion of the inventory reconciliation, the licensee reported the missing firearms on a Federal Firearms Licensee Firearms Inventory Theft/Loss Report, ATF F 3310.11 (F20170000302) and made the corresponding entries in the A&D Record. SIOI (b)(6) advised the licensee on the proper completion of the A&D Record and to timely record all firearm information.

Citation: 27 CFR 478.125(e)

I Have Received a Copy of This Report of Violations (Pr	oprietor's signature and title)	Date
Signature and Title of ATF Officer		Date
May 9 2018 Production		
For Official Use Only	710	ATF E-Form 5030 5 Revised April 2005

U.S. Department of Justice



Bureau of Alcohol, Tobacco, Firearms and Explosives 1313 N. Atlantic Street, Suite 4100 Spokane, WA 99201

February 28, 2017

787065:LDY 5400

Scott Harris, Member Survival College, LLC 141 Scotlyn Ranch Road Kamiah, ID 83536

Dear Mr. Harris:

During a recent compliance inspection of your firearms business, covering the period of January 26, 2016 through January 26, 2017, you were cited for violations of 27 Code of Federal Regulations, Part 478. 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) investigator. 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 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 the license. Please ensure that future compliance is achieved.

9-82-049-01-7J-02991 Survival College, LLC

Should you have any questions regarding this matter, please do not hesitate to contact Industry Operations Investigator (b)(6) and or me at (b)(6) and (b)(6).



Enclosure

c: Federal Firearms Licensing Center Spokane II (I/O) Field Office

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Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Name of Proprietor Survival College, LLC	Street Address 141 Scotlyn Ranch Road		City Kamiah	State ID	Zip Code 83536-	County Idaho	Page I of I Pages	
License/Permit/Registry Number (If any) 982049017J02991	1	Date(s) or Period of 01/26/2017 throug						
An examination of your premises, records and	operations has disclosed		ction Results s which have be	en explained to	VOU:			
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Have Receif (b)(6)	ons <i>(Proprietor's sign</i>	ature and title)						Dates /s /
Have Receive (D) (D) of Violation	ina (i ropricior a aign							2/8/20
							1	Date / /

ATTF E-Form 5030.5 Revised April 2005 RIP