# The Commonwealth of Massachusetts

Firearms Record Bureau
200 Arlington Street, Suite 2200
Chelsea, MA 02150

## CHANGE OF ADDRESS NOTIFICATION FOR LICENSE TO CARRY FIREARMS AND FIREARMS IDENTIFICATION CARD

**Massachusetts General Law Chapter 140, Section 129B states:**
A cardholder shall notify, in writing, the licensing authority that issued such card, the chief of police into whose jurisdiction such cardholder moves and the executive director of the criminal history systems board of any change of address. Such notification shall be made by certified mail within 30 days of its occurrence. Failure to so notify shall be cause for revocation or suspension of such card.

**Massachusetts General Law Chapter 140, Section 131(l) states:**
Any licensee shall notify, in writing, the licensing authority who issued said license, the chief of police into whose jurisdiction the licensee moves and the executive director of the criminal history systems board of any change of address. Such notification shall be made by certified mail within 30 days of its occurrence. Failure to so notify shall be cause for revocation or suspension of said license.

**Instructions**:
1. Please PRINT CLEARLY the information being requested below;
2. Please make a legible photocopy of both sides (1 copy for each side) of your firearms identification card or license to carry firearms and attach these copies to this sheet as page # 2 and 3;
3. Make 3 photo copies of this completed form and the attached page # 2 and 3;
4. Mail by **certified mail this original with attached page # 2 and 3** to:

   **Commonwealth of Massachusetts**
   **Firearms Record Bureau**
   **200 Arlington Street, Suite 2200**
   **Chelsea, MA 02150**
   **Attention: Change of Address Notification**
5. Mail 1 copy to the police department that issued your firearms identification card or license to carry firearms;
6. Mail 1 copy to the police department in the city/town that you have moved to;
7. Retain 1 copy in your important files for future reference.

_____
Date:

_____
First Name | Middle Initial | Last Name

_____ | _____ | _____
Date of Birth | License to Carry # | Firearms Identification Card #

**My new address is:**

_____
Number | Street | Apartment #

_____
City/Town | State | Zip Code