



**The Commonwealth of Massachusetts**  
**Department of Criminal Justice Information Services**  
 Firearms Records Bureau  
 200 Arlington Street, Suite 2200  
 Chelsea, MA 02150

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

**Massachusetts General Law Chapter 140, sections 129B and 131 state:**

A cardholder shall notify the licensing authority that issued such firearms license, the chief of police into whose jurisdiction such cardholder moves, and the commissioner of the Department of Criminal Justice Information Services of any change of address within 30 days of its occurrence. Failure to notify any of these entities shall be cause for revocation or suspension of the license.

**Instructions:**

1. Complete the information below. Please PRINT CLEARLY.
2. Make a legible photocopy of the front side of your firearms identification card or license to carry.
3. Send this form and the photocopy of your license (*via certified mail*) to all of the following:
  - (1) The police department that issued your license
  - (2) The police department into the city/town where you have moved
  - (3) Firearms Records Bureau  
 200 Arlington Street, Suite 2200  
 Chelsea, MA 02150  
 ATN: Change of Address Notification

In lieu of notifying the FRB/DCJIS via certified mail, you may call 617.660.4722 to report your change of address. The following information is required: name, date of birth, active firearms license number, and driver's license number for identity verification. ***Notifications to the police departments must still be made in writing via certified mail.***

4. Keep a copy of the form for your records.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Last Name, First Name**

**My new residential address is:**

\_\_\_\_\_

**Number                  Street**

\_\_\_\_\_

**Apt.# or Unit #**

\_\_\_\_\_

**City/Town                  State                  Zip**

\_\_\_\_\_

**FID card or LTC #**

\_\_\_\_\_

**Date of Birth**

**My new mailing address is:**

Same as residential, or:

\_\_\_\_\_

**Number                  Street                  P.O. Box**

\_\_\_\_\_

**Apt. # or Unit #**

\_\_\_\_\_

**City/Town                  State                  Zip**