



**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, 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 commissioner of the department of criminal justice information services 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 such license, the chief of police into whose jurisdiction the licensee moves and the commissioner of the department of criminal justice information services 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. PRINT CLEARLY the information requested below
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) Firearms Records Bureau  
 200 Arlington Street, Suite 2200  
 Chelsea, MA 02150  
 ATN: Change of Address Notification
  - (2) The police department that issued your license
  - (3) The police department into the city/town you have moved to
4. Keep a copy of the form for your records

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**FID card or LTC #**

\_\_\_\_\_  
**Last Name, First Name**

\_\_\_\_\_  
**Date of Birth**

**My new residential address is:**

**My new mailing address is:**

Same as residential, or:

\_\_\_\_\_  
**Number                  Street**

\_\_\_\_\_  
**Number                  Street                  P.O. Box**

\_\_\_\_\_  
**Apt.# or Unit #**

\_\_\_\_\_  
**Apt. # or Unit #**

\_\_\_\_\_  
**City/Town                  State                  Zip**

\_\_\_\_\_  
**City/Town                  State                  Zip**