



The Commonwealth of Massachusetts
Department of Criminal Justice Information Services

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

REQUEST FOR PERSONAL FIREARMS LICENSE AND/OR SALE/RENTAL/LEASE DATA

The Firearms Records Bureau (FRB) maintains a database which includes firearms licenses issued and gun transactions reported to the Firearms Records Bureau (FRB) on the FA-1 Reporting Card, FA-2 Registration Card, FA-10 Dealer Book or the Firearms Sale/Rental/Lease Transaction (FA10) Form after 1985.

Complete the form below for a copy of your firearms license history or gun transactions reported to the FRB after 1985. If you are the executor or administrator of an estate, you must include court documentation to obtain these records. Your results will be mailed to you – walk in service is *not* available.

The following is required information:

1. **\$20.00 fee/bank check or money order** (payable to: the Commonwealth of Massachusetts) – we do *NOT* accept personal checks
2. **Notarized signature** – you must have your signature notarized by a notary public
3. **I want my results returned via:**

☐ **E-mail:** _____
e-mail address

OR

☐ **Mail** – you must include a self-addressed, stamped envelope

Check all applicable:

- ☐ Firearms License History – list of all firearms licenses issued in your name
- ☐ Firearms Ownership History – list of all firearms transactions where you were the transferor or transferee
- ☐ Copy of a specific Firearms Registration/Sale/Rental/Lease Transaction (FA10) form – *provide **at least one** of the following:*

Ticket Number(s): _____

Date(s) of Sale: _____

Make/Model(s): _____

Serial Number(s): _____

Name:

Last Name, First Name

Maiden or Previous Names

Date of Birth:

(MM/DD/YY)

Daytime Telephone Number: (____) _____

Mailing Address:

Number Street Apt. # or Unit # P.O. Box

City/Town State ZIP



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I swear that I am the above-named person under the pains and penalties of perjury.

SIGNATURE (applicant or executor/administrator): _____ DATE: _____

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

_____, SS
COUNTY

Then appeared before me the above-named, _____ and swore the statements made herein to be true.

DATED: _____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____