

**Our GOAL is to
preserve
the Bill of Rights.**



Here is the change of address form you requested. Please complete the form, cut on the dotted lines and mail to the appropriate authority.

Chapter 140, Sections 129B(11) and 131(1) of Massachusetts state law requires holders of a Firearms Identification Card (FID) and a License to Carry Firearms (pistol permit) to notify certain authorities of any change of address. You must notify - by certified mail, in writing and within 30 days - the authority who issued the card and/or license, the chief in your new town of residence and the Executive Director of the Criminal History Systems Board. Failure to notify of any change of address is cause for revocation of the Card or License.

If you haven't yet done so, we also urge you to re-register to vote. A mail-in form can be obtained by calling 1-800-462-VOTE.

This information is provided by Gun Owners' Action League. GOAL can be reached at PO Box 567, Northborough, MA 01532 or 508-393-5333.

Please accept this as notification of change of address as required by Massachusetts General Laws:

TO: Executive Director, Criminal History Systems Board
Attn: Firearms Record Bureau
200 Arlington Street, Suite 2200
Chelsea, MA 02150-2312

Firearms Identification Card
Card # _____
License to Carry Firearms
License # _____

Card/License Holder's Name _____

New Address _____ **Old Address** _____

City, Zip _____ City, Zip _____

Signature of Licensee _____ Date _____

Please accept this as notification of change of address as required by Massachusetts General Laws:

TO: Chief _____
(authority who issued license)

Firearms Identification Card # _____
License to Carry Firearms # _____

Card/License Holder's Name _____

New Address _____ **Old Address** _____

City, Zip _____ City, Zip _____

Signature of Licensee _____ Date _____

Please accept this as notification of change of address as required by Massachusetts General Laws:

TO: Chief _____
(licensing authority in new town of residence)

Firearms Identification Card # _____
License to Carry Firearms # _____

Card/License Holder's Name _____

New Address _____ **Old Address** _____

City, Zip _____ City, Zip _____

Signature of Licensee _____ Date _____