



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

**NAME CHANGE REQUEST FOR
FIREARMS IDENTIFICATION CARD AND LICENSE TO CARRY FIREARMS**

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 to the Firearms Records Bureau either by email or mail:

FRB@mass.gov

OR

Firearms Records Bureau
200 Arlington Street, Suite 2200
Chelsea, MA 02150
ATN: Change of Address Notification

4. You will **not** receive a new license with the updated name.

Date

FID card or LTC #

Date of Birth

Previous name:

New name:

Last Name, First Name

Last Name, First Name