The Commonwealth of Massachusetts
Firearms Records Bureau
200 Arlington Street, Suite 2200
Chelsea, MA 02150

FIREARMS TRANSACTION DELETION REQUEST FORM

This form is used to request the removal of an incorrect transaction entered in the Massachusetts Firearms Transaction Portal.

You *must* submit a correct transaction in order for this request to be processed.

Instructions:

1. PRINT CLEARLY the information requested below
2. Make a copy of the *inaccurate* transaction record
3. Make a copy of the *accurate* transaction record
4. Email this form and the copies of both transaction records FRB@mass.gov with the subject "Firearms transaction deletion request"
5. Keep a copy of the form for your records

Section 1:

NAME: _____
(Please Print) LAST FIRST MIDDLE

DATE OF BIRTH: _____ (MM/DD/YY)

DAYTIME TELEPHONE NUMBER *: (_____) _____
***In case we need to contact you**

ADDRESS: _____
STREET

_____
CITY/TOWN STATE ZIP CODE

Section 2 – Inaccurate Transaction Submission:

TICKET NUMBER: _____ (located in upper right hand corner of transaction record)

INACCURATE INFORMATION (check all that apply):

☐ Make ☐ Model ☐ Serial Number ☐ Caliber

☐ Other (please specify): _____

Section 3 - Corrected Transaction Record

TICKET NUMBER: _____ (located in upper right hand corner of transaction record)