



**THE COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**  
**CRIMINAL HISTORY SYSTEMS BOARD**

200 ARLINGTON STREET, SUITE 2200  
 CHELSEA, MASSACHUSETTS 02150  
 TEL: 617-660-4600  
 WWW.MASS.GOV/CHSB

**Deval L. Patrick**  
 Governor

**Kevin M. Burke**  
 Secretary of  
 Public Safety and Security

**Timothy P. Murray**  
 Lieutenant Governor

**Curtis M. Wood**  
 Executive Director

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

The Criminal History Systems Board (CHSB) maintains a database including licenses issued and gun transactions reported to the CHSB on the FA-1 Reporting Card, FA-2 Registration Card, FA-10 Dealer Book or the Firearms Sale/Rental/Lease Transactional Form after 1985. If you would like a copy of any license (s) issued to you after October 20, 1998, or gun transactions reported to the FRB after 1985, where you are listed as the transferee, complete this form, and return it with a **self-addressed, stamped envelope and a bank check or money order for \$20.00 made payable to the Commonwealth of Massachusetts**, to the address listed below. This fee is necessary to pay for search and reproduction costs incurred as a result of this request, and is charged in accordance with M.G.L. c. 66, § 10(a) and 950 CMR 32.06. **You MUST have your signature notarized by a notary public before your request can be processed.** You will receive a response by mail. No walk-in service is available.

Please search the FRB database for:  License to Carry Firearms  Firearms Identification Card  
 License to Possess a Machine Gun  State Licensed Gun Dealer  
 Firearms Registration/Sale/Rental/Lease Transactions

NAME: \_\_\_\_\_  
 (Please Print) LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \*: (\_\_\_\_) \_\_\_\_\_  
 (MM/DD/YY) \* In case we need to contact you.

ADDRESS: \_\_\_\_\_  
 STREET  
 \_\_\_\_\_  
 CITY/TOWN STATE ZIP CODE

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

SIGNATURE OF APPLICANT: \_\_\_\_\_ 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: \_\_\_\_\_

Your completed form must include a self-addressed, stamped envelope and a bank check or money order for \$20.00 made payable to the Commonwealth of Massachusetts, and be mailed to: **CRIMINAL HISTORY SYSTEMS BOARD, Firearms Record Bureau, 200 Arlington St., Suite 2200, Chelsea, MA 02150. Please note: we do NOT accept personal checks.**