The Commonwealth of Massachusetts

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

E-FA-10 DELETION REQUEST FORM

This form is used to request the removal of an incorrect transaction entered into the Massachusetts Firearms Registration and Transfer System (E-FA-10).

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. Send this form and the copies of both transaction records to:

   Firearms Records Bureau
   200 Arlington Street, Suite 2200
   Chelsea, MA 02150
   ATTN: E-FA-10 Corrections

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 E-FA-10 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)