

LOST/STOLEN NOTIFICATION

PLEASE TYPE OR PRINT

DATE _____

I, _____ DOB _____, AM THE HOLDER OF A

LICENSE TO CARRY FIREARMS NUMBER _____ AND/OR

FIREARMS IDENTIFICATION NUMBER _____. AS

REQUIRED BY M.G.L. C 140 s 131(l) OR M.G.L. C 140 s129b (11), I AM NOTIFYING YOU THAT

AS OF _____ MY LTC/FID WAS LOST/STOLEN:

ADDRESS:

PLACE OF BIRTH: _____ OCCUPATION: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

REASON FOR ISSUE: _____

EXPIRATION DATE: _____

SIGNATURE: _____

SEND COPIES BY CERTIFIED MAIL TO:

1) POLICE DEPARTMENT FROM WHICH THE PERMIT WAS ISSUED.

2) FIREARMS RECORD BUREAU
200 ARLINGTON STREET, SUITE 2200
CHELSEA, MA 02150