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: _______ _______ _______                    DAYTIME TELEPHONE NUMBER *: (____ ) __________________
(MM/DD/YY)                     *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)