



# 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: \_\_\_\_\_ 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)