



**DANVERS POLICE DEPARTMENT
CRIMINAL INVESTIGATIONS DIVISION
FIREARMS LICENSING SECTION
120 ASH STREET
DANVERS, MA 01923**

Request Replacement FID/LTC PIN

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

License Information: LTC
 FID

License Number: _____

Once your request has been submitted it will be processed in the order received.

Your replacement PIN will be mailed to the address on file with the Firearms Records Bureau.

A replacement PIN will not be issued over the phone.

All license holders are provided a PIN when a license is issued. It is the responsibility of the licensee to keep and secure that information.

Signature: _____ Date Filed: _____