



DEPARTMENT OF PUBLIC SAFETY
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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FORM B: AMENDMENT TO FIREARM REGISTRANT INFORMATION

Section 1 – Instructions

The purpose of this form is to update the information held by the Department of Public Safety regarding your license, or the license of another, to keep and bear arms in the Commonwealth of the Northern Mariana Islands.

Section 2 – Applicant Information

Please provide the information requested below as it presently appears on your Firearm Identification Card.

 Last Name

 First Name

 Middle Name

 Firearm ID Number

 Date of Birth

Section 2 – Transaction Types (Check all that apply)

New Address

Name Change

Deceased

Change in circumstances that may require revocation of Firearm Owner's Identification Card or Firearm Registration Card.

Other:

Section 3 – Updated Information

Please provide the information necessary to update the applicable Firearm Owner's Identification Card.

New Name: _____
Last Name First Name Middle Name

New Physical Address:

New Mailing Address:

If the registered firearm owner is deceased, please provide the following information:

- 1. The present location of the firearm;
- 2. The individual in possession of the firearm;
- 3. The date the registrant became deceased;
- 4. Whether the estate is being probated, and if so, the case number.

Response:

If there has been a change in circumstances and you believe that a Firearm Owner's Identification Card must be revoked, please explain why you believe that the revocation may be necessary:

Response:

Section 3 – Declaration

I declare under penalty of perjury that the foregoing information is true and correct. This declaration was executed on _____, 20____, in the Commonwealth or the Northern Mariana Islands.

Name (Print)

Name (Signature)