



**ACKNOWLEDGMENT OF PERSON  
AGREEING TO SAFEGUARD FIREARM(S)**  
PD 624-012 (Rev 12-11)

Name of Applicant / Licensee

Application / License Number



**Instruction to Applicant / Licensee:**

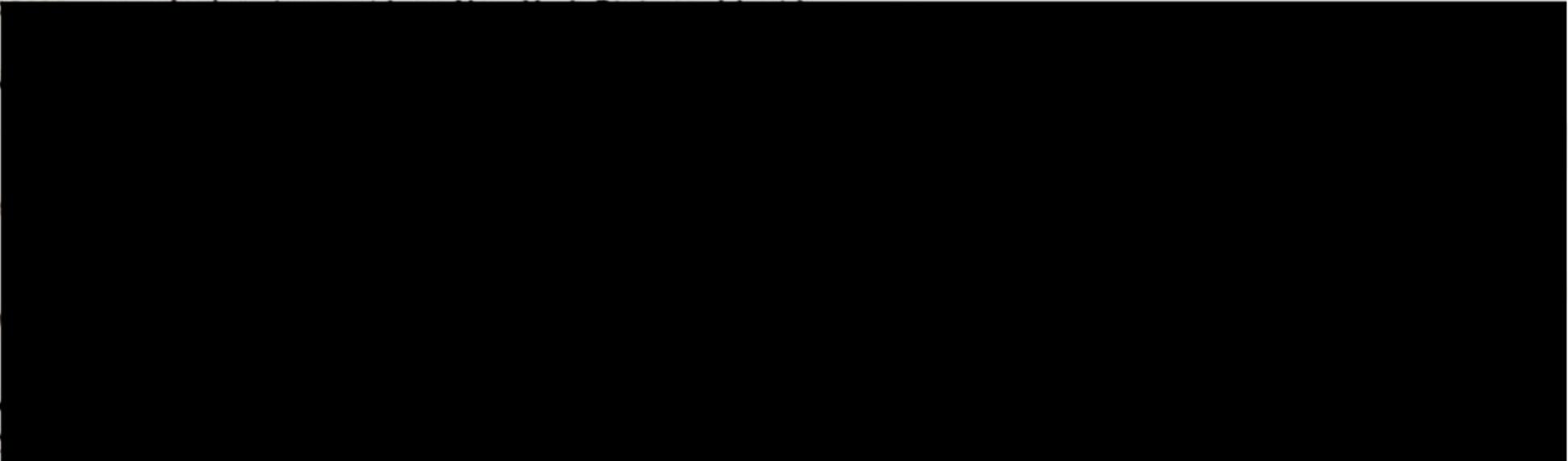
Please ask the person you have designated to safeguard and surrender your firearm(s) in the event of your death or incapacity to complete the information below and sign this acknowledgment before a witness.

(The person designated to safeguard and surrender your firearm(s) must be a resident of New York City.)

Print Name

Address

Telephone



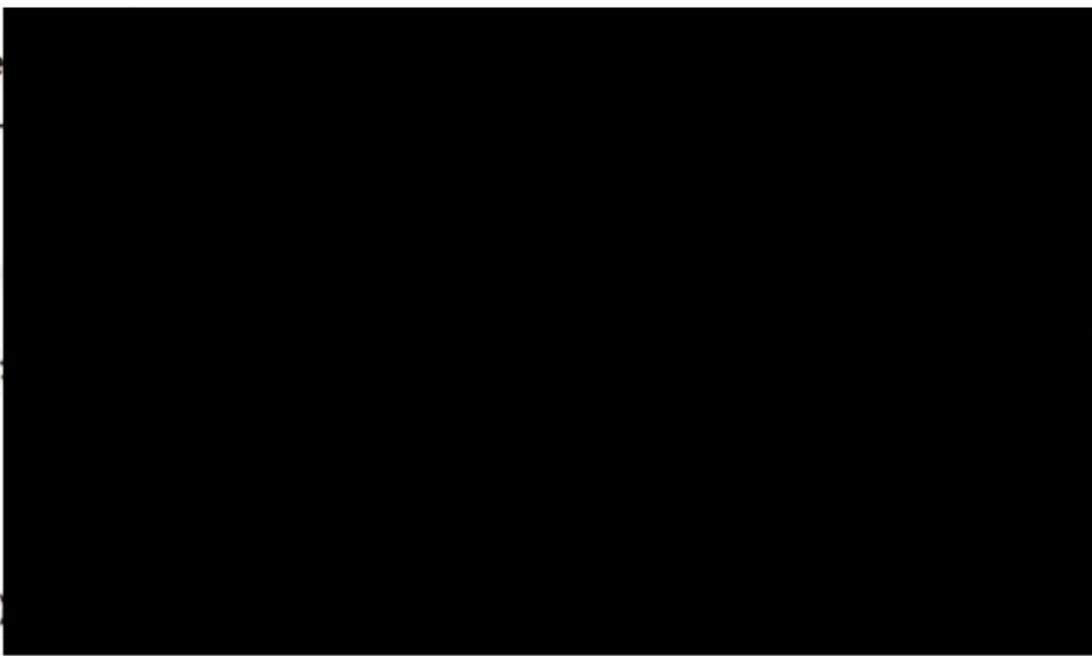
I, \_\_\_\_\_

(Print name of person agreeing to safeguard firearms)

understand that the above-named applicant/licensee has designated me to safeguard and surrender his/her firearm(s) in the event that he/she dies or becomes incapacitated. I agree that upon learning of the death or incapacity of the licensee, I will immediately notify the New York City Police Department's License Division at (646) 610-5871 or (646) 610-5560, or by calling the local police precinct, and will follow their directions to safeguard and surrender his/her firearm(s).

Signature of person agreeing to safeguard firearm(s):

Date 10/15/12



Witnessed by (signature):

Witness' Name (printed):

**Please retain a copy of this document for your records**