



# New York City Police Department

## License Division

One Police Plaza  
New York, NY 10038  
(646) 610-5560



### Acknowledgement of Person Agreeing to Safeguard Firearm(s)

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 acknowledgement before a witness.

**(The person you designate must be a New York State resident.)**

Print Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number & Street Name Apt City State Zip

Telephone Numbers: \_\_\_\_\_  
Home Cell Business

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: \_\_\_\_\_

Witnessed by (signature) \_\_\_\_\_

Witness' name (printed) \_\_\_\_\_

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