

TREASURY DEPARTMENT
U.S. CUSTOMS SERVICE

Supplemental Declaration for
Unaccompanied Personal and Household Effects

1. _____
Owner of Household goods
(Last Name, First and Middle)

2. _____ 3. _____
Date of Birth Citizenship

4. _____
Passport (Country and number)

5. _____ 6. _____
Social Security No. Resident Alien No.

7. _____
U.S Address

8. _____
Foreign Address

9. _____ 10. _____
Employer Position with Company

11. _____
Reason for Moving

12. _____ 13. _____
Length of Employment Nature of Business

14. _____
Name and Telephone of Company who can verify above information

15. _____
Name and Address of Freight forwarders, Packers and Shipping Agents

16. _____
Shipment Itinerary (Specify place of loading and intermediate ports)

17. Certification A. Authorized Agent B. Importer (Circle One)

18. _____
Signature