

TREASURY DEPARTMENT
U.S. CUSTOMS SERVICE
SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of Household Goods
(Last, first and middle) _____

2. Date of Birth _____ | 3. Citizenship _____

4. Passport (Country and Number) _____

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

7. U.S. Address _____ | 10. Employer _____

_____ | 11. Position with Company _____

8. Foreign Address _____ |

_____ | 12. Length of Employment _____

_____ | 13. Nature of Business _____

9. Reason for Moving _____ |

_____ | 14. Name and Telephone of Company Official 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
I, the undersigned, certify that this declaration is correct and complete

A. Authorized Agent (from facts obtained from the importer)

B. Importer

Signature _____ Date _____