

**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. DATE OF BIRTH: _____ 3. CITIZENSHIP: _____

4. PASSPORT (Country and Number): _____

5. SOCIAL SECURITY No.: _____ - _____ - _____ 6. RESIDENT ALIEN No.: _____

7. CURRENT ADDRESS (USA)
(Street address, City, State Zip): _____

8. FOREIGN ADDRESS (Outside USA)
(Street address, City, State Zip): _____

9. REASON FOR MOVING: _____

10. EMPLOYER: _____

11. POSITION WITH EMPLOYER: _____

12. LENGTH OF EMPLOYMENT: _____ 13. NATURE OF BUSINESS: _____

14. NAME AND TELEPHONE OF COMPANY OFFICIAL WHO CAN VERIFY ABOVE
INFORMATION: _____

15. NAME AND ADDRESS OF FREIGHT FORWARDERS, PACKERS OR SHIPPING AGENTS:

(Name, Address)

(Name, Address)

16. SHIPMENT ITINERARY
(Specify place of landing and intermediate ports): _____

17. CERTIFICATION: (A) () AUTHORIZED AGENT (B) () IMPORTER **(CHECK ONE)**

SIGNATURE: _____ **DATE:** _____