

**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: _____