

Department of the Treasury
United States Customs Service

Supplemental Declaration For
Unaccompanied Personal
And Household Effects

1. Owner of Household Goods: (Last Name, First & Middle)

2. Date of Birth: (Month/Day/Year)

3. Country of Legal Citizenship:

4. Passport Number and Country:

Country: _____

5. Social Security Number:

6. Resident Alien Number:

7. U.S. Address:

8. Foreign Address:

9. Reason For Moving:

10. Employer:

11. Position With Company:

12. Length of Employment:

From: _____ to: _____ (_____ years, _____ months)

13. Nature of Business:

14. Name and Telephone Number of Company Official Who Can Verify Above Information:

Phone: _____

15. Name and Address of Freight Forwarders,
Packers, and Shipping Agents:

16. Shipment Itinerary: (Specify Place of
Loading and Intermediate Ports)

17. Certification: (Circle One)

a) Importer

b) Importers Authorized Agent

18. Signature:
