

TREASURY DEPARTMENT
U.S CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

OWNER OF HOUSEHOLD GOODS

1. (Last name, first and middle)

2. DATE OF BIRTH

3. CITIZENSHIP

4. PASSPORT

5. SOCIAL SECURITY NO.

6. RESIDENCE ALIEN NO.

7. US ADDRESS

10. EMPLOYER

11. POSITION WITH COMPANY

8. FOREIGN ADDRESS

12. LENGTH IF EMPLOYMENT

9. REASON FOR MOVING

13. 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
(specific place of loading and intermediate ports)

17. CERTIFICATE

A. Authorization Agent _____ B. Importer _____ (Check one)

18. SIGNATURE
