

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



OWNER OF HOUSEHOLD GOODS

1 (Last, First, Middle) \_\_\_\_\_

2 Date of Birth \_\_\_\_\_ 3 Citizenship \_\_\_\_\_

4 Passport (Country & No.) \_\_\_\_\_

5 Social Security No. \_\_\_\_\_ 6 Resident Alien No. \_\_\_\_\_

7 U.S. Address \_\_\_\_\_ 8 Foreign Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 Reason for Moving \_\_\_\_\_ 10 Employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 Position with Company \_\_\_\_\_ 12 Length of Employment \_\_\_\_\_

13 Nature of Business \_\_\_\_\_ 14 Name & Telephone of Company Official who can

verify above information \_\_\_\_\_

\_\_\_\_\_

15 Name and Address of Freight Forwarders \_\_\_\_\_

Packers & Shipping Agents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16 Shipment Itinerary (Place of lading & intermediate ports) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17 CERTIFICATION (check one) A. Authorized Agent B. Importer \_\_\_\_\_

18 SIGNATURE \_\_\_\_\_