

**TREASURY DEPARTMENT
U.S.CUSTOMS SERVICE**

SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. OWNER OF HOUSEHOLD GOODS: _____
(Last Name, First) (Middle)

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

4. PASSPORT INFORMATION: _____
(Country) (Number)

5. SOCIAL SECURITY NO. _____ 6. RESIDENT ALIEN NO: _____

7. U.S. ADDRESS: _____

8. FOREIGN ADDRESS: _____

9. REASON FOR MOVING: _____

10. EMPLOYER: _____

11. POSITION WITH COMPANY: _____

12. LENGTH OF EMPLOYMENT: _____ START DATE: _____ END DATE: _____

13. NATURE OF BUSINESS: _____

14. NAME & TELEPHONE OF COMPANY OFFICAL 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. CERTIFICATION (Check One): A. AUTHORIZATION AGENT B. IMPORTER

18. SIGNATURE: _____