

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

**SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS**

1. OWNER OF HOUSEHOLD GOODS
(LAST, FIRST, MIDDLE NAME) _____
2. DATE OF BIRTH _____ 3. CITIZENSHIP _____
4. PASSPORT (country & number) _____
5. SOCIAL SECURITY NO. _____ 6. RESIDENT ALIEN NUMBER _____
7. U.S. ADDRESS _____ 10. EMPLOYER _____

_____ 11. POSITION WITH COMPANY _____
- _____ 12. LENGTH OF EMPLOYMENT _____
8. FOREIGN ADDRESS _____ 13. NATURE OF BUSINESS _____

_____ 14. NAME AND PHONE NUMBER OF COMPANY
OFFICIAL WHO CAN VERIFY ABOVE INFO

9. REASON FOR MOVING _____
15. NAME AND ADDRESS OF ALL FREIGHT FORWARDERS, PACKERS AND SHIPPING AGENTS

16. SHIPMENT ITENERARY (specify place of loading and intermediate ports)

17. CERTIFICATION: A. Authorized Agent B. Importer (must circle one)
18. SIGNATURE: _____