U.S. DEPARTMENT OF HOMELAND SECURITY
Bureau of Customs and Border Protection

# SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL & HOUSEHOLD EFFECTS

1. Owner of Household Goods (last name, first name, m.i.): _____
2. Date of Birth: _____
3. Citizenship (country): _____
4. Passport (country of issue and number: _____
5. Social Security No. (if not applicable, write N/A): _____
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: _____
13. Nature of business: _____
14. Name, phone of company, and contact person that can verify preceding information:
    Company: _____
    Phone: _____
    Contact: _____
15. Name and address of shipping agent: _____
    _____
16. Shipment itinerary-state, place of loading, and intermediate ports: _____
    _____
17. Certification (check one):
    _____ Authorized Agent
    _____ Importer

_____ _____

*Signature of Owner* *Date*