

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

OWNER OF HOUSEHOLD GOODS (Last name, first and middle):

DATE OF BIRTH:

CITIZENSHIP:

PASSPORT:

SOCIAL SECURITY NUMBER:

RESIDENT ALIEN NUMBER:

U.S. ADDRESS:

FOREIGN ADDRESS:

REASON FOR MOVING:

EMPLOYER:

POSITION WITH COMPANY:

LENGTH OF EMPLOYMENT:

NATURE OF BUSINESS:

NAME & TELEPHONE NUMBER OF COMPANY OFFICIAL WHO CAN VERIFY EMPLOYMENT INFORMATION:

NAME AND ADDRESS OF FREIGHT FORWARDERS, PACKERS & SHIPPING AGENTS:

SHIPMENT ITENERARY ( SPECIFY PLACE OF LOADING AND INTERMEDIATE PORTS):

CERTIFICATION:     AUTHORIZED AGENT   B     IMPORTER     (CHECK ONE)

SIGNATURE: