

Department of the Treasury
U.S. Customs Service

**Supplemental Declaration for
Unaccompanied Personal and Household Effects
to be Used in Conjunction with CF-3299**

1. Owner of Household Goods (*last, first, middle*): _____
2. Date of Birth: _____ 3. Citizenship: _____
4. Passport (*country and number*): _____
5. Social Security #: _____ 6. Resident Alien #: _____
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, Address and Telephone # of Company Official Who Can Verify Above Information:

15. Name and Address of Freight Forwarders, Packers and Shipping Agents: _____

16. Shipment Itinerary (*specify place of loading and intermediate ports*): _____
17. Certification (check one): Authorized Agent Importer
18. Signature: _____