

U.S. CUSTOMS & BORDER PROTECTION  
SUPPLEMENTAL DECLARATION  
FOR  
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

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**1 Owner of Household Goods**

(Last Name, First and Middle): \_\_\_\_\_

**2 Date of Birth:** \_\_\_\_\_

**8 Citizenship:** \_\_\_\_\_

**3 Passport:** \_\_\_\_\_

**9 Resident Alien No:** \_\_\_\_\_

**4 Social Security No:** \_\_\_\_\_

**10 Employer** \_\_\_\_\_

**5 U.S. Address:** \_\_\_\_\_

**11 Position with Company** \_\_\_\_\_

**6 Foreign Address:** \_\_\_\_\_

**12 Length of Employment** \_\_\_\_\_

**7 Reason for Moving:** \_\_\_\_\_

**13 Nature of Business** \_\_\_\_\_

**14 Name & Telephone of Company Official**

**Who can verify above:** \_\_\_\_\_

**15 Name & Address of Freight Forwarders, Packers, & Shipping Agents:** \_\_\_\_\_

**16 Shipment Itinerary: (Specify Place of Lading):** \_\_\_\_\_

**17 Certification (Check one):**

Authorized Agent

Importer

**18 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_