

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

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

1. OWNER OF HOUSEHOLD GOODS, \_\_\_\_\_  
(Last name, first and middle)

2. CURRENT ADDRESS (USA) \_\_\_\_\_  
(Street address, City, State Zip)

3. DATE OF BIRTH: \_\_\_\_\_ 4. CITIZENSHIP STATUS \_\_\_\_\_

5. PASSPORT NO. \_\_\_\_\_ 6. SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. RESIDENT ALIEN NO. \_\_\_\_\_ 8. EMPLOYER: \_\_\_\_\_

9. EMPLOYER'S ADDRESS: \_\_\_\_\_

10. POSITION WITH EMPLOYER: \_\_\_\_\_

11. LENGTH OF EMPLOYMENT: \_\_\_\_\_ 12. NATURE OF BUSINESS: \_\_\_\_\_

13. FOREIGN ADDRESS: \_\_\_\_\_

14. REASON FOR MOVING: \_\_\_\_\_

15. TELEPHONE COMPANY AND NAME OF CONTACT FOR VERIFICATION:  
\_\_\_\_\_

16. NAME AND ADDRESS OF FREIGHT FORWARDERS, PACKERS AND SHIPPING AGENTS:

\_\_\_\_\_  
(NAME, ADDRESS)

\_\_\_\_\_  
(NAME, ADDRESS)

\_\_\_\_\_  
(NAME ADDRESS)

17. CERTIFICATION:  (A) AUTHORIZED AGENT  (B) IMPORTER (CHECK ONE)

**SIGNATURE** \_\_\_\_\_