## DEPARTMENT OF THE TREASURY CUSTOMS BORDER PATROL

## SUPPLEMENTAL DECLARATION FOR UNACCOPANIED PERSONAL AND HOUSEHOLD EFFECTS

| 1. Owner of house goods  |  |
|--|--|
| (Last name, first and middle)  |  |
| 2. Date of birth   | 3. Citizenship   |
| 4. Passport (Country and Number)                                       |  |
| 5. Social Security number  | 6. Resident Alien number   |
| 7. U.S Address   | 10. Employer   |
| -  | 11. Position with company  |
| 8Foreign address   |  |
|  | 12. Length of employment   |
| 9.Reason for moving  | 13. Nature of business   |
|  | Name and telephone of Company 14. Who can verify above information |
| Name and address of Freight Forward<br>15. Packers and shipping agents | ders,  |
| Shipment Itinerary 16. (specify place of landing and interm            | nediate ports)   |
| 17. Certification A. Authorized agent                                  | B. Importer (check one)  |
| 18. Signature  |  |