

**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 Name, First, and Middle)
  
2. **Date of Birth:** \_\_\_\_\_
3. **Citizenship:** \_\_\_\_\_
  
4. **Passport:** \_\_\_\_\_  
(Copy, Country and Number Needed)
  
5. **Social Security No.:** \_\_\_\_\_
6. **Resident Alien No.:** \_\_\_\_\_
  
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 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)**    **A. Authorized Agent:** \_\_\_\_\_    **B. Importer:** \_\_\_\_\_
  
18. **Signature:** \_\_\_\_\_