

Department of the Treasury
U.S. Customs Service
New York Region
New York, N.Y. 10048

SUPPLEMENTAL DECLARATION FOR INACCOMPANIED
PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of Household Goods _____
(Last Name, First & Middle)
2. Date of Birth _____
3. Citizenship _____
4. Passport Information _____
(Country & Number)
5. Social Security Number _____
6. Resident Alien Number _____
7. U.S Address _____
8. Foreign Address _____

9. Reason For Moving _____

10. Employer _____

11. Position with the Company _____
12. Length of Employment _____
13. Nature of the Business _____

14. Name and telephone number of a company official who can verify the above information

15. Name and address of freight forwarders, packers and shipping agents

16. Shipment itinerary (specific place of loading and intermediate ports)

17. Certification (circle one) A. Authorized Agent B. Importer
18. Signature _____