

**SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTES
TO BE USED IN CONJUNCTION WITH CF3299**

1. OWNER OF HOUSEHOLD GOODS:
Last _____ Middle _____ First _____

2. Date of Birth: _____ 3. Citizenship _____

4. Passport: Country _____ Number _____

5. Social Security # _____ 6. Resident Alien # _____

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, address and telephone # of company official who can verify above information

15. Name and address of freight forwarder, packer and shipping agents

16. Shipment itinerary (specify place of lading and intermediate ports)

17. Certification (check one) () Authorized Agent () Importer

18. Signature _____ Date _____