

**SUPPLEMENTAL DECLARATION TO CF 3299  
FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS**

1. Owner of Household Goods  
Name (Last, First and Middle)

\_\_\_\_\_

2. Date of Birth

\_\_\_\_\_

3. Country of Citizenship

\_\_\_\_\_

4. Passport Number

\_\_\_\_\_

5. Social Security Number

\_\_\_\_\_

6. Resident Alien Number

\_\_\_\_\_

7. US 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 Number of Company  
Office for Verification of Above

\_\_\_\_\_

15. Name and Address of Freight  
Forwarder/Packers/Shipping Agent

\_\_\_\_\_

16. Shipping Itinerary

\_\_\_\_\_

17. Certification of (Check One)

Authorized Agent

Importer

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date