

**Department of Homeland Security**  
**U.S. Customs and Border Protection – Miami, FL**  
**Supplemental Declaration for Unaccompanied Household Effects**

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

2. Date of Birth \_\_\_\_\_

3. Citizenship \_\_\_\_\_

4. Passport Country & Number \_\_\_\_\_

5. Social Security No \_\_\_\_\_

6. Resident Alien No \_\_\_\_\_

7. U.S. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Employer Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

9. Foreign Address  
\_\_\_\_\_  
\_\_\_\_\_

10. Position with Company  
\_\_\_\_\_  
\_\_\_\_\_

11. Reason for Moving  
\_\_\_\_\_  
\_\_\_\_\_

12. Length of Employment \_\_\_\_\_

13. Nature of Business  
\_\_\_\_\_

14. Name & Telephone of Company Officer Who Can Verify Above Information  
\_\_\_\_\_  
\_\_\_\_\_

15. Name & Address of Freight Forwarder, Packager and Shipping Agents  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Shipment Itinerary (specify place of loading and intermediate ports)  
\_\_\_\_\_  
\_\_\_\_\_

17. Certification:    A. Authorized Agent                      B. Importer                      (check one)

18. Signature \_\_\_\_\_