

## **How to fill out your US Customs Form 3299**

(Declaration for Free Entry of Unaccompanied Articles)

Please note the meaning of certain words used in the form:

IMPORTER:	Yourself
RESIDENT:	American citizen
NON-RESIDENT:	Any citizen from a country other than the US
HOUSEHOLD GOODS:	Furniture & household goods, except personal effects
PERSONAL EFFECTS:	Clothing, jewellery, photographic equipment, tape recorders, stereo components, vehicles, etc

The declaration is divided into seven parts; some are to be left blank according to the following instructions:

PART I -	Box 1:	Your name
	Box 2:	Your date of birth
	Box 3:	Date of your arrival in the US – Remember your US Customs form 3299 is not valid until your arrival in the US, so plan your arrival to coincide with the arrival of your consignment
	Box 4:	Your US address and/or contact phone number
	Box 5:	Name of airport where you cleared Customs in US
	Box 6:	Name of airline and flight number you will enter the US on
	Box 7:	First names of accompanying household members and their relation to you
	Box 8:	Leave blank
PART II -	Box 9:	“X” appropriate box and list country for residence abroad and residence status on arrival
	Box 10:	“X” all applicable items and submit packing list
PART III -		Leave Blank
PART IV -	Items A/B/C	“X” appropriate boxes, bearing in mind special meaning of the terms “household goods” and “personal effects”
	Item D:	“List of Articles” – Leave blank
PART V -		Leave blank
PART VI -		“X” B, and add Importer’s signature, and today’s date
PART VII -		Leave blank



DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB APPROVAL NO. 1651-0014  
EXPIRES: 11-30-2022  
ESTIMATED BURDEN: 45 MIN.

**DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0014. The estimated average time to complete this application is 45 minutes. The obligation to respond to this information collection is mandatory to obtain benefits. If you have any comments regarding the burden estimate you can write to CBP PRA Officer, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE., Washington DC 20229-1177.

**PART I -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES** (Please consult with the CBP official for additional information or assistance. REMEMBER--All of your statements are subject to verification. False declarations or failure to declare articles could result in penalties.)

1. IMPORTER'S NAME (Last, first and middle initial)	2. IMPORTER'S DATE OF BIRTH	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS	5. IMPORTER'S PORT OF ARRIVAL	
	6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN	
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)		

8. THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B. NAME OF VESSEL/CARRIER	C. FROM (Country)	D. B/L OR AWB OR I.T. NO.
E. NUMBER AND KINDS OF CONTAINERS	F. MARKS AND NUMBERS			

**PART II -- TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONNEL AND EVACUEES**

9. RESIDENCY ("X" appropriate box) I declare that my place of residence abroad <input type="checkbox"/> is <input type="checkbox"/> was	A. NAME OF COUNTRY	B. LENGTH OF TIME Yr. Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident: <input type="checkbox"/> a. Emigrating to the U.S. <input type="checkbox"/> b. Visiting the U.S.		
10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES. I the undersigned further declare that ("X" all applicable items and submit packing list):		
<b>A. Applicable to RESIDENT and NONRESIDENT</b>		
<input type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)		
<input type="checkbox"/> (2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad by me or for my account or I am an emigrant who owned and used them abroad. (9804.00.10, 9804.00.15, HTSUSA)		
<b>B. Applicable to RESIDENT ONLY</b>		
<input type="checkbox"/> All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)		
<b>C. Applicable to NONRESIDENT ONLY</b>		
<input type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)		
<input type="checkbox"/> (2) Any vehicles, trailers, bicycles or other means of conveyance being imported are for the transport of me and my family and such incidental carriage of articles as are appropriate to my personal use of the conveyance. (9804.00.35, HTSUSA)		

**PART III -- TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY**

I, the undersigned, the owner, importer, or agent of the importer of the personal and household effects for which free entry is claimed, hereby certify that they were in direct personal possession of the importer, or of a member of the importer's family residing with the importer, while abroad, and that they were imported into the United States because of the termination of assignment to extended duty (as defined in section 148.74(d) of the Customs Regulations) at a post or station outside the United States and the CBP Territory of the United States, or because of Government orders or instructions evacuating the importer to the United States; and that they are not imported for sale or for the account of any other person and that they do not include any alcoholic beverages or cigars. Free entry for these effects is claimed under Subheading No. 9805.00.50, Harmonized Tariff Schedule of the United States.

1. DATE OF IMPORTER'S LAST DEPARTURE FROM THE U.S. 2. A COPY OF THE IMPORTER'S TRAVEL ORDERS IS ATTACHED AND THE ORDERS WERE ISSUED ON:

**PART IV -- TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES** (Certain articles may be subject to duty and/or other requirements and must be specifically declared herein. Please check all applicable items and list them separately in item D on the reverse.)

**A. For U.S. Personnel, Evacuees, Residents and Non-Residents**

- |  |   |
|--|---|
| <input type="checkbox"/> (1) Articles for the account of other person. | <input type="checkbox"/> (2) Articles for sale or commercial use.                 |
| <input type="checkbox"/> (3) Firearms and/or ammunition.               | <input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products. |
| <input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.   | <input type="checkbox"/> (6) Fish, wildlife, animal products thereof.             |

**B. For Residents and Non-Residents ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year. | <input type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year. |
|---|---|

**C. For Resident ONLY**

- |  |
|--|
| <input type="checkbox"/> (9) Personal effects acquired abroad.   |
| <input type="checkbox"/> (10) Foreign made articles acquired in the United States and taken abroad on this trip or acquired abroad on another trip that was previously declared to CBP |
| <input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.  |

[illegible]

## PART V -- CARRIER'S CERTIFICATE AND RELEASE ORDER

The undersigned carrier, to whom of upon whose order the articles described in PART I, 8., must be released, hereby certifies that the person named in Part I, 1., is the owner or consignee of such articles within the purview of section 484(h), Tariff Act of 1930.

In accordance with provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign)
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1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign)
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1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) Print
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1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) Print _____ Date _____
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1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign)
	Print _____ Sign _____ Date _____

**PART VI -- CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY**

I, the undersigned, certify that this declaration is correct and complete.

1. "X" One

☐ A. Authorized Agent\* (From facts obtained from the importer) ☐ B. Importer

2. SIGNATURE (Sign in ink)	3. DATE
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2. SIGNATURE (Sign in ink)	3. DATE
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*\*An Authorized Agent is defined as a person who has actual knowledge of the facts and who is specifically empowered under a power of attorney to execute this declaration (see 19 CFR 141.19, 141.32, 141.33).*

<b>PART VII -- CBP USE ONLY</b>	1. SIGNATURE OF CBP OFFICIAL (Sign in ink)	2. DATE
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<b>PART VII -- CBP USE ONLY</b>	1. SIGNATURE OF CBP OFFICIAL (Sign in ink)	2. DATE
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<b>PART VII -- CBP USE ONLY</b>	1. SIGNATURE OF CBP OFFICIAL (Sign in ink)	2. DATE
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(Inspected and Released)		
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### **How To Fill Out Your**

### **Supplemental Declaration for Unaccompanied Personal and Household Effects**

- Numbers 1 through 14 **must** be completed by you, and should be self-explanatory.
- Numbers 15 and 16 - Leave Blank (these will be filled out by the broker or an authorized agent).
- Number 17 - Select: Importer.
- Number 18 - Date and sign.

**NOTE:** This form **must** be completed along with Customs Form 3299 and submitted to our representative at origin at time of pickup of your household effects.

TREASURY DEPARTMENT  
U.S. CUSTOMS SERVICE

**SUPPLEMENTAL DECLARATION FOR  
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS**

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1. OWNER OF HOUSEHOLD GOODS  
(Last name, first, and middle)

---

2. DATE OF BIRTH

---

3. CITIZENSHIP

---

4. PASSPORT (Country and number)

---

5. SOCIAL SECURITY NUMBER

---

6. RESIDENT ALIEN NO.

---

7. U.S. ADDRESS

---

10. EMPLOYER

---

11. POSITION WITH COMPANY

---

8. FOREIGN ADDRESS

---

12. LENGTH OF EMPLOYMENT

---

9. REASON FOR MOVING

---

13. NATURE OF BUSINESS

---

NAME AND TELEPHONE OF COMPANY OFFICIAL  
14. WHO CAN VERIFY ABOVE INFORMATION

---

NAME AND ADDRESS OF FREIGHT FORWARDERS,  
15. PACKERS AND SHIPPING AGENTS

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SHIPMENT ITINERARY  
16. PACKERS AND SHIPPING AGENTS

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17. CERTIFICATION      ☐ A. Authorization Agent      ☐ B. Importer      (check one)

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18. SIGNATURE

## **HOW TO COMPLETE THE “POWER OF ATTORNEY”**

*Complete only those areas in blue. The guide below is in the order these areas appear on the “Power of Attorney” form.*

- 1. Fill in your Social Security (SS) or Federal Employment Identification Number (FEIN), if you have one**
- 2. Fill in your Date of Birth, if you do not have SS/FEIN No**
- 3. Fill in your full name**
- 4. Leave the next two blue areas blank (business, state)**
- 5. Fill in your full US address**
- 6. Leave the name of the appointed agent blank, and we will complete this with the details when known, at the time of despatch**
- 7. Your position as “Owner” has been prefilled for you**
- 8. Enter today’s date**
- 9. Witness to sign here (enter name after signature)**

### **WHY DO I NEED TO COMPLETE THIS FORM?**

*Completing this form gives the destination agent the power to act for you as a customs broker, and to make statements and Customs entries on your behalf. It will also allow them to complete on your behalf any parts of the US Customs Form 3299 which you may have missed or filled in incorrectly using information you supply to them by mail, fax or telephone.*

## CUSTOMS POWER OF ATTORNEY

- ☒ Individual  
☐ Partnership  
☐ Corporation  
☐ Sole Proprietorship  
☐ Limited Liability Company

SS /FEIN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (if clear under SSN)

KNOW ALL MEN BY THESE PRESENTS: that, \_\_\_\_\_, doing  
(Full name of individual, partnership, corporation, sole proprietorship, or limited liability company) (identity)

business as a INDIVIDUAL under the laws of the State of \_\_\_\_\_  
(Individual, partnership, corporation, sole proprietorship, or limited liability company) (insert one)

residing or having a place of business at \_\_\_\_\_, hereby constitutes and

appoints \_\_\_\_\_, it officers, employees, and/or specifically authorized agents, to act for and on its behalf as a true and lawful agent and attorney of the grantor for and in the name, place and stead of said grantor, from this date, in the United States (the territory), either in writing, electronically or by other authorized means, to:

To make, endorse, sign, declare or swear to any customs entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, exportation transportation, of any merchandise, in or through the customs territory, shipped or consigned by or to said grantor; Perform any act or condition which may be required by law or regulation in connection with such merchandise deliverable to said grantor; to receive merchandise; Make endorsement on bills of lading conferring authority to transfer title, make entry or collect drawback, and to make, sign, declare or swear to any statement or certificate required by law or regulation for drawback purposes, regardless of whether such document is intended for filing with Customs; Sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without the benefit of drawback, or in connection with the entry, clearance, lading, unlading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owners declarations provided for in Section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise; Sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unlading or operation of any vessel or other means of conveyance owned or operated by said grantor; Authorize other Customs Brokers duly licensed with the territory, to act as grantor's agent; to receive, endorse and collect checks issued for Customs duty refunds in the grantor's name drawn on the Treasurer of the United States; if the grantor is a non-resident of the United States, to accept service of process on behalf of the grantor;

And generally to transact Customs business, including filing of claims or protests under section 514 of the Tariff Act of 1930, or pursuant to other laws of the territories, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney; Giving to said agent and attorney full power and authority to do anything whatever requisite necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents; This power of attorney to remain in full force and effect until revocation in writing is duly given and received by grantee (if the donor of this power of attorney is a partnership, the said power of attorney shall in no case have any force or effect in the United States after the expiration of 2 years from the date of its execution.);

If the Grantor is a Limited Liability Company, the signatory certifies that he/she has full authority to execute this power on behalf of the Grantor.

IN WITNESS WHEREOF, THE SAID \_\_\_\_\_  
(Full name of Company)  
caused these presents to be sealed and signed: (Signature) \_\_\_\_\_

(Capacity) \_\_\_\_\_ Date: \_\_\_\_\_

Witness:(If Required) \_\_\_\_\_

If you are the importer of record, payment to the broker will not relieve you of liability for Customs charges (duties, taxes, or their debts owed to Customs) in the event the charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payable to the "U. S. Customs Service" which shall be delivered to Customs by the broker. Importers who wish to utilize this procedure must

## How to complete the Importer Security Filing (ISF) (10 + 2) (example)

<b>1. Owner of Household Goods / Importer of Record</b>			
Last Name:	<b>Williams</b>	Passport Number:	<b>800548888</b>
First Name:	<b>Oliver</b>	Place of Issue:	<b>UK</b>
Date of Birth:	<b>28/04/1964</b>	Social Security (SS) # or (American residents)	
Citizenship:	<b>UK</b>	Buyer's Tax ID (IRS) #: (for commercial shipments only)	
<b>2. Seller (Owner) Details</b> (for household goods and personal effects: Owner's name and last foreign address)			
Name:	<b>Oliver Williams</b>	Address:	<b>7 Petersham Place, Knightsbridge, London</b>
ZIP / Postal Code:	<b>SW7 5PX</b>		
<b>3. Buyer (Owner) Details</b> (for household goods and personal effects: Owner's name and new address in the US)			
Name:	<b>Oliver Williams</b>	Address:	<b>15 N 3<sup>rd</sup> Street, Mebane, NC</b>
ZIP / Postal Code:	<b>27302</b>		
<b>4. Ship-To Party Details</b> (for household goods and personal effects: Owner's name and new address in the US)			
Name:	<b>Oliver Williams</b>	Address:	<b>15 N 3<sup>rd</sup> Street, Mebane, NC</b>
ZIP / Postal Code:	<b>27302</b>		
<b>5. Manufacturer (or Supplier) Details</b> - leave blank if household goods and personal effects			
Name:		Address:	
ZIP / Postal Code:			
<b>6. Commodity Description (HTSUS #)</b> (9804.00 - for personal household goods)			
<b>9804.00</b>	<b>Household Goods &amp; Personal Effects</b>		
<b>7. Container Loading (Stuffing) Details</b> (ZIP / Postal Code & address will depend on where the shipping container is being loaded)			
Name:	<b>PSS International Removals</b>	Address:	<b>PSS' address or your address if FCL shipment loading at residence</b>
ZIP / Postal Code:	<b>PSS' or customers if FCL shipment</b>		
<b>8. Consolidator (Stuffer) Details</b>			
Name:	<b>PSS International Removals</b>	Address:	<b>Unit 6 Mill Lane Trading Estate, Mill Lane, Croydon, Surrey</b>
ZIP / Postal Code:	<b>CR9 4PS</b>		
<b>9. Container / Shipping Information</b>			
Country of Origin (for personal effects - last foreign address):	<b>UK</b>	Port of Loading:	
Container Number:		Vessel Name:	
Agent Manifest #:		Voyage Number:	
Master BL #:		Container Loading Date:	
House BL #:		Container Sailing Date:	
Importer / Owner ..... <b>Oliver Williams</b> ..... (print name) hereby swears and attests that the above information is true and correct.			
Sign:	<i>Oliver Williams</i>	Date:	<b>18/06/2013</b>

# Importer Security Filing (ISF) (10 + 2)

<b>1. Owner of Household Goods / Importer of Record</b>			
Last Name:		Passport Number:	
First Name:		Place of Issue:	
Date of Birth:		<b>Social Security (SS) #</b> or (American residents)	
Citizenship:		<b>Buyer's Tax ID (IRS) #:</b> (for commercial shipments only))	
<b>2. Seller (Owner) Details</b> (for household goods and personal effects: Owner's name and last foreign address)			
Name:		Address:	
ZIP / Postal Code:			
<b>3. Buyer (Owner) Details</b> (for household goods and personal effects: Owner's name and new address in the US)			
Name:		Address:	
ZIP / Postal Code:			
<b>4. Ship-To Party Details</b> (for household goods and personal effects: Owner's name and new address in the US)			
Name:		Address:	
ZIP / Postal Code:			
<b>5. Manufacturer (or Supplier) Details</b> - leave blank if household goods and personal effects			
Name:		Address:	
ZIP / Postal Code:			
<b>6. Commodity Description (HTSUS #)</b> (9804.00 - for personal household goods)			
<b>7. Container Loading (Stuffing) Details</b>			
Name:	PSS International Removers	Address:	
ZIP / Postal Code:			
<b>8. Consolidator (Stuffer) Details</b>			
Name:	PSS International Removers	Address:	Unit 6, Mill Lane Trading Estate, Mill Lane, Croydon, Surrey
ZIP / Postal Code:	CR9 4PS		
<b>9. Container / Shipping Information</b>			
Country of Origin <small>(for personal effects - last foreign address):</small>		Port of Loading:	
Container Number:		Vessel Name:	
Agent Manifest #:		Voyage Number:	
Master BL #:		Container Loading Date:	
House BL #:		Container Sailing Date:	
Importer / Owner ..... (print name) hereby swears and attests that the above information is true and correct.			
Sign:		Date:	