

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

FORM APPROVED OMB NO. 1651-0014 Exp. 01-31-2010

**DECLARATION FOR FREE ENTRY
OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by the CBP. These regulations and forms apply to importers to ensure that they are complying with the law and to allow us to figure, collect, or refund the right amount of duty and tax. It is mandatory. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the U.S. Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0014), Washington, DC 20503.

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)	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) :

A. Applicable to NONRESIDENT ONLY <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)	C. Applicable to NONRESIDENT ONLY <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)
B. Applicable to RESIDENT ONLY <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)	

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:
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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"/> (3) Firearms and/or ammunition. <input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.	<input type="checkbox"/> (2) Articles for sale or commercial use. <input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products. <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.
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D. LIST OF ARTICLES

(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OF COST OF REPAIRS	(4) FOREIGN MERCHANDISE TAKEN ABROAD THIS TRIP: <i>State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.</i>

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), Tarriff 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) Date
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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	
<input type="checkbox"/> A. Authorized Agent* (From facts obtained from the importer)	<input type="checkbox"/> B. Importer
2. SIGNATURE	3. DATE

**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).*

PART VII -- CBP USE ONLY (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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TREASURY DEPARTMENT
U.S. CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION
FOR
UNACCOMPANIES PERSONAL AND HOUSEHOLD EFFECTS

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

2. Date of Birth: _____
3. Passport (Country & Number): _____

4. Social Security No. _____
5. U.S. Address: _____

6. Foreign Address: _____

7. Reason for Moving: _____

8. Citizenship: _____
9. Resident Alien No.: _____
10. Employer: _____

11. Position with Company: _____

12. Length of Employment: _____
13. Nature of Business: _____

14. Name & Telephone of Company Official who can
verify above: _____

15. Name & Address of Freight Forwarders, Packers, & Shipping Agents: _____

16. Shipment Itinerary (Specify Place of Loading): _____

17. Certification (Check one): Authorized Agent Importer

18. Signature: _____ Date: _____

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.

POWER OF ATTORNEY

U.S. Customs Service
141.32, C.R.

- Individual
- Partnership
- Corporation
- Sole Proprietorship

KNOW ALL MEN BY THESE PRESENTS: That _____
 (Full name of person, partnership, or corporation, or sole proprietorship (Identify))

_____ a corporation doing business under the laws of the State of _____ or a

doing business as _____ residing at

_____,
 having an office and place of business at _____, hereby constitutes and appoints each of the following persons

(Give full name of each agent designated)

as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in Customs District _____, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, decoration, certificate, bill of lading, or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation connection with such merchandise; to receive any merchandise deliverable to said grantor;

To make endorsements on bills of lading conferring authority to make entry and collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for tiling in said district of in any other customs district;

To 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 benefit of drawback, or in connection with the entry, clearance, lading, unloading 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 owner's declarations provided for in section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise;

To 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, unloading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

And generally to transact at the customhouses in said district and all customs business, including making, signing, and filing of protests under section 514 or the Tariff Act of 1930, 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 and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and conforming all that the said agent and attorney shall lawfully do by virtue of these presents; the foregoing power of attorney to remain in full force and effect until the ____ day of _____, 19____, or until notice of revocation in writing is duly given to and received by a District Director of Customs of the district aforesaid. It the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect after the expiration of 2 years from the date of its receipt in the office of the district directory of customs of the said district

IN WITNESS WHEREOF, the said _____

has caused these presents to be sealed and signed: (signature)

X _____

(Capacity) _____ (Date)

WITNESS: _____

(Corporate seal)

How to fill out your U.S. 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 U.S.
HOUSEHOLD GOODS:	Furniture & household goods, except personal effects
PERSONAL EFFECTS:	Clothing, jewelry, photographic equipment, tape recorders, stereo components, vehicles, etc.
FOREIGN:	Not American

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 birth date
	Box 3:	Date of your arrival in the U.S. 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 shipment.
	Box 4:	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 relation to you
	Box 8:	Leave blank

PART II-	Box 9:	“X” appropriate box
	Box 10:	“X” one

-If you are a resident of the US, enter your social security number and passport number

-If you are a non-resident, indicate your passport number, visa number, and type of visa you are entering the US on

PART III- Leave blank

PART IV- “X” appropriate boxes-bearing in mind special meaning of the terms
“household goods” and “personal effects”

On the back of the form (item D: “List of Articles”) provide the following (you may use additional sheet of paper):

- List of personal effects, with US dollar amount paid and date of purchase
- List of all furniture purchased less than a year prior to personal departure; also indicate US dollar amount and date of purchase for each item
- List of alcoholic beverages, showing number of bottles, size of bottles (fifth, quart, etc.), value per bottle, type of alcoholic beverages, alcohol content on wine and champagne, and proof on hard liquor

These articles are subject to customs duties, taxes and supplementary entry fees.

PART V- Leave blank

PART VI- “X” B - Importer’s signature and today’s date

PART VII- Leave blank