

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

**1. Owner of household goods:**

\_\_\_\_\_

Last Name	First Name	Middle Initial
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**2. Date of Birth:** \_\_\_\_\_ **3. Citizenship:** \_\_\_\_\_

**4. Passport #** \_\_\_\_\_ **5. S.S.#** \_\_\_\_\_

**6. Resident Alien #** \_\_\_\_\_

**7. U.S.A. Address:** \_\_\_\_\_

\_\_\_\_\_

**8. Foreign Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Reason for moving:** \_\_\_\_\_

**10. Employer:** \_\_\_\_\_

**11. Position:** \_\_\_\_\_ **12. Length of Employment:** \_\_\_\_\_

**13. Nature of Business:** \_\_\_\_\_

**14. Name and phone # of company office for verification of above information:**

\_\_\_\_\_

**15. Name and Address of Freight Forwarder, packers, shipping agent:**

**GATEWAYS INTERNATIONAL  
2030 1<sup>ST</sup> AVE #200  
SEATTLE, WA 98121-2112  
Phone: 206-728-5990 Fax: 206-728-7467**

**16. Shipment itinerary:** \_\_\_\_\_

**17. Certification of (circle one):**            **(A) Authorized Agent**            **(B) Importer**

**18. Signature:**