

Supplemental Declaration to CF-3299 for Unaccompanied Household Effects

Owner of household goods

1. Full name:
2. DOB:
3. Citizenship:
4. Passport #:
5. SSN:
6. Resident alien #:
7. USA 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 info:

15. Name and address of freight forwarder, packers, shipping agent:
Select the Mohawk branch
that handles your account:

16. Shipment itinerary:

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

18. Signature: