

# 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: