Instruction Sheet for Declaration for Free Entry of Unaccompanied Articles – 3299 Form

Failure to supply a completed 3299 Form will result in possible seizure by US Customs, and placement into Government Ordered Storage.

PART I

1. Print ***YOUR*** full name as it appears on your passport
2. ***YOUR*** date of birth
3. The date ***YOU*** will arrive in the US
4. ***YOUR*** current US address and phone number
5. The name of the city in the US where ***YOU*** will clear customs
6. The name of the airline by which ***YOU*** will travel to the US
7. The names of those in your family who accompanied you on your flight, if any. Plus their social security number
8. A, B, C, D, E and F to be completed by destination agent – ***PLEASE LEAVE BLANK***

PART II

9. "X" the box that applies to you

9a. Indicate the last address at which you resided abroad

9b. The length of time you were out of the US ie resided abroad

9c. "X" each box that applies to you

10. Read all paragraphs in A, B, and C. "X" the box(es) that applies to the contents of your effects. You may be required to provide a listing.

PART III

To be completed by US personnel (ie members of the Armed Forces, Govt. employees) and evacuees only! If this applies, fill in the date you departed from the US. Attach a copy of your travel orders and the date your orders were issued.

PART IV

SECTION A: If questions 1 to 6 are checked off this will result in additional duties, taxes and clearance fees. It may also result in possible confiscation and delays in releasing the entire shipment.

SECTION B: If questions 7 or 8 are checked off this can result in additional duties, taxes and clearance fees.

SECTION C: Questions 9 to 11 apply to US residents only. "X" the box or boxes applicable for your shipment.

SECTION D: If you checked items in PART IV, Sections A, B, or C, please complete Section D, questions 1 through 4, as applicable

PART V

1 and 2 to be filled in by destination agent – ***PLEASE LEAVE BLANK***

PART VI

1. "X" the box that applies
2. Sign your name if checking box B or leave blank if checking box A
3. Today's date

PART VII

For customs use only - ***PLEASE LEAVE BLANK***

NB If you are a returning resident and previously exported foreign merchandise purchased in the US, then list the item, where purchased and date, or where and when it was previously declared to US Customs upon export. This will avoid the assessment of customs duties upon re-entry.

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

DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

Any text that scrolls will not print

FORM APPROVED OMB NO. 1651-0014 Exp. 06-30-2016

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 ☐ is ☐ was

A. NAME OF COUNTRY

B. LENGTH OF TIME Yr. Mo.

C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One)
☐ (1) Returning resident of the U.S. (2) Nonresident: ☐ a. Emigrating to the U.S. ☐ 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 RESIDENT and NONRESIDENT

☐ (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)

☐ (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. Applicable to RESIDENT ONLY

☐ All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)

C. Applicable to NONRESIDENT ONLY

☐ (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)

☐ (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

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

B. For Residents and Non-Residents ONLY

☐ (7) Foreign household effects acquired abroad and used less than one year.
☐ (8) Foreign household effects acquired abroad and used more than one year.

C. For Resident ONLY

☐ (9) Personal effects acquired abroad.
☐ (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.
☐ (11) Articles taken abroad for which alterations or repairs were performed abroad.

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: *State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.*

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) 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	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

HOW TO COMPLETE THE "POWER OF ATTORNEY"

Complete only those lines preceded by a number. The numbers below coincide with those on the "Power of Attorney" form.

1. **Fill in either your social security or IRS number (if you have either)**

2. **Check the line marked "individual"**

3. **Fill in your full name**

4. **Fill in your US address**

5. **Please write "PSS International and its authorized employees and duly appointed agents".**

6. **We suggest valid period of at least one year, for two reasons: First, in the event that the first shipment will arrive this month then a second shipment will follow say within 6 months to a year for any disagreement with US customs. If you cannot aurthorise a year, definitely a minimum length of time should be at least 30 days from the date the Power of Attorney is signed by the owner.**

7. **Write the word "individual" (as you are not a company/corporation)**

8. **Sign the form**

9. **Write the word "owner" as the capacity in which you are signing**

10. **Date the form**

Power of Attorney

You only need to fill in those parts of this form that have a number next to it.

(1) IRS#……..

(2) Individual……
Partnership……..
Corporation…….
Sole Proprietorship……..

KNOW ALL MEN BY THESE PRESENTS

That, (3)…….a corporation doing business under the laws of the State of……or an…….
doing business as……residing at (4) …….
having an office and place of business at……..hereby constitutes and appoints each of the following persons (5)……

as a true and lawful agent and attorney of the grantor names 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, withdrawl, declaration, certificate, bill of lading, or other document required by law regulation in connection with the importation, transportation, or exporation 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 in 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, 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 filing in said district or 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 withdrawl of imported merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unlading or navigation of any vessel or other means or 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 declaration 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, unlading, or operation of any vessel or other means of conveyance owend or operated by said grantor;

And generally to transact at the customhouse in said district any and all customs business, including making, signing, and filling of protests under section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly by 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 confirming 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 (6)…….day of ……. 20…..or until notice of revocation in writing is duly given to and received by the District Director of customs of the district aforesaid. If the donor of this power of attorney is a partnership, and said the 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 Director of customs of the said district.

IN WITNESS WHEREOF, the said
(7)……

Has caused these presents to be sealed and signed:

(8) Signature……..

(9) Capacity……...

(10) Date……

Department of the Treasury
US Customs Service

Supplemental Declaration for Unaccompanied Personal and Household Effects

1. Owner of Household Goods

2. Date of Birth

3. Passport (Country and Number)

4. Citizenship

5. Resident Alien Number

6. Social Security Number

7. US Address

8. Foreign Address

9. Reason for Moving

10. Employer

11. Position with Company

12. Nature of Business

13. Name of contact within Company to verify information

14. Name and Address of Freight Forwarders, Packers and Shipping Agents

15. Shipper Itinerary

16. Certification: Check One A. Authorised Agent B. Importer

17. Signature

Importer Security Filing (ISF) (10 + 2)

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

Importer / Owner ……..**Oliver Williams**…….…… (print name) hereby swears and attests that the above information is true and correct.

Sign:	OWilliams	Date:	18/06/2013

Importer Security Filing (ISF) (10 + 2)

1. Owner of Household Goods / Importer of Record			
Last Name:		Passport Number:	
First Name:		Place of Issue:	
Date of Birth:		Buyer's Tax ID (IRS) #: (for commercial shipments only)	
Citizenship:			
2. Seller (Owner) Details (for household goods and personal effects: Owner's name and last foreign address)			
Name:		Address:	
ZIP / Postal Code:			
3. Buyer (Owner) Details (for household goods and personal effects: Owner's name and new address in the US)			
Name:		Address:	
ZIP / Postal Code:			
4. Ship-To Party Details (for household goods and personal effects: Owner's name and new address in the US)			
Name:		Address:	
ZIP / Postal Code:			
5. Manufacturer (or Suplier) Details - leave blank if household goods and personal effects			
Name:		Address:	
ZIP / Postal Code:			
6. Commodity Description (HTSUS #) (9804.00 - for personal household goods)			
7. Container Loading (Stuffing) Details			
Name:		Address:	
ZIP / Postal Code:			
8. Consolidator (Stuffer) Details			
Name:		Address:	
ZIP / Postal Code:			
9. Container / Shipping Information			
Country of Origin (for personal effects - last foreign address):		Port of Loadng:	
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:	