



DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

DECLARATION FOR FREE ENTRY
OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

FORM APPROVED OMB NO. 1515-0053

PAPERWORK REDUCTION ACT NOTICE: The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Customs Service/laws of the United States. We need it to ensure that importers are complying with these laws and to allow us to figure, collect, or refund the right amount of duty and tax. Your response is mandatory.

Statement Required by 5 CFR 1320.21: The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs Service, Paperwork Management Branch, Washington, DC 20229, or the Paperwork Reduction Project (1515-0053), Office of Management and Budget, Washington, DC 20503.

PART I—TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Please consult with the Customs 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 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 articles of apparel, personal adornment, toiletries and similar personal effects for which free entry is sought were actually owned by me and in the possession of myself, or those members of my family who accompanied me, at the time of departure to the United States and that they are appropriate and are intended for our personal use and not for any other person nor for sale. (9804.00.20, 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 Customs 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

- ☐ (1) Articles for the account of other persons. ☐ (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 U.S. Customs.
- ☐ (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 OR 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 U.S. Customs.

PART V—CARRIER'S CERTIFICATE AND RELEASE ORDER

The undersigned carrier, to whom or 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 the 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 _____
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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

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A. Authorized Agent* (From facts obtained from the importer)

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B. Importer

2. SIGNATURE _____	3. DATE _____
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*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—CUSTOMS USE ONLY

(Inspected and Released)

1. SIGNATURE OF CUSTOMS OFFICIAL _____	2. DATE _____
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**SUPPLEMENTAL DECLARATION TO CUSTOMS FORM 3299
FOR UNACCOMPANIED AND HOUSEHOLD EFFECTS**

1. OWNER OF HOUSEHOLD GOODS: _____
(Last Name, First and Middle)
2. DATE OF BIRTH: _____
3. YOU ARE A CITIZEN OF WHAT COUNTRY? _____
4. PASSPORT #: _____ 5. SOCIAL SECURITY #: _____
6. RESIDENT ALIEN #: _____
7. UNITED STATES ADDRESS: _____ 8. FOREIGN ADDRESS _____

9. REASON FOR MOVING: _____
10. EMPLOYER: _____ 11. POSITION WITH COMPANY: _____
12. LENGTH OF EMPLOYMENT : _____ 13. NATURE OF BUSINESS: _____

14. NAME AND TELEPHONE NUMBER OF COMPANY OFFICE FOR VERIFICATION OF
THE ABOVE INFORMATION: _____

15. NAME AND ADDRESS OF FREIGHT FORWARDER, PACKERS, SHIPPING AGENT:

16. SHIPMENT ITINERARY (Leave blank for custom broker/agent use): _____

17. CERTIFICATION OF SIGNATURE. IS THIS THE SIGNATURE OF THE AGENT OR
IMPORTER? (Check only one): **AUTHORIZED**

() AGENT () IMPORTER
18. SIGNATURE: _____