



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

OMB CONTROL NUMBER 1651-0014
EXPIRATION DATE: 02/28/2026

DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0014. The estimated average time to complete this application is 45 minutes. The obligation to respond to this information collection is mandatory to obtain benefits. If you have any comments regarding the burden estimate you can write to CBP PRA Officer, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE., Washington DC 20229-1177.

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 initial)	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)

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)

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)

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	B. For Residents and Non-Residents ONLY
☐ (1) Articles for the account of other person.	☐ (7) Foreign household effects acquired abroad and used less than one year.
☐ (3) Firearms and/or ammunition.	C. For Resident ONLY
☐ (5) Fruits, plants, seeds, meats, or birds.	☐ (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

[illegible]

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)
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1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign)
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Print

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
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☐	A. Authorized Agent* (From facts obtained from the importer)	☒	B. Importer
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2. SIGNATURE (Sign in ink)	3. DATE
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2. SIGNATURE (Sign in ink)	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 -- CBP USE ONLY		2. DATE
(Inspected and Released)		
1. SIGNATURE OF CBP OFFICIAL (Sign in ink)		

PRIVACY ACT NOTICE

This Privacy Act Notice serves to inform you of why DHS is requesting the information on this form.

AUTHORITY:

CBP is authorized to collect the information requested on this form pursuant to General Note 3(a)(iv) of the Harmonized Tariff Schedule of the United States (19 U.S.C. 1202) and provided for by 19 CFR Part 7.3.

PURPOSE:

CBP is requesting this information to collect and maintain records on all commercial goods imported into the United States, along with carrier, broker, importer, and other Automated Commercial Environment/International Trade Data System (ACE-ITDS) Portal user account and manifest information. The purpose of this system of records is to track, control, and process all commercial goods imported into the United States. CBP will use this information to identify whether or not imported merchandise is exempt from duty under the applicable statutory provisions.

ROUTINE USES:

Consistent with DHS's information-sharing mission, the information requested on this form may be shared with other DHS Components to carry out national security, law enforcement, immigration, or other homeland security functions. Information may also be shared with appropriate federal, state, local, tribal, territorial, foreign, or international government agencies. This sharing will assist DHS in exercising control over merchandise when it has reasonable suspicion that the subject merchandise may be inadmissible but requires more information to make a positive determination.

The Privacy Impact Assessment (PIA) for this collection is required and provided for by DHS/CBP/PIA-003(b) Automated Commercial Environment (ACE), July 31, 2015, which provides notice of CBP's collection of importer information for compliance and inspection purposes.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information to is mandatory, pursuant to General Note 3(a)(iv) of the Harmonized Tariff Schedule of the United States (19 U.S.C. 1202) and provided for by 19 CFR Part 7.3. Failure to provide this information may result in the inability of CBP to make admissibility decisions without the unnecessary delay of legitimate trade.

How to fill out your U.S. Customs Form 3299

(Declaration for Free Entry of Unaccompanied Articles)

Please note the meaning of certain words used in the form:

IMPORTER:	Yourself
RESIDENT:	American citizen
NON-RESIDENT:	Any citizen from a country other than the U.S.
HOUSEHOLD GOODS:	Furniture & household goods, except personal effects
PERSONAL EFFECTS:	Clothing, jewelry, photographic equipment, tape recorders, stereo components, vehicles, etc.
FOREIGN:	Not American

The declaration is divided into seven parts; some are to be left blank according to the following instructions.

PART I-	Box 1: Box 2: Box 3: Box 4: Box 5: Box 6: Box 7: Box 8:	Your name Your date of birth Date of your arrival in the U.S. - Remember: your US Customs form 3299 is not valid until your arrival in the US-so plan your arrival to coincide with the arrival of your shipment. Your US address and/or contact phone number Name of airport where you cleared Customs in US Name of airline and flight number you will enter the US on First names of accompanying household members and their relation to you Leave blank
PART II-	Box 9: Box 10:	“X” appropriate box & list country for residence abroad and residency status upon arrival “X” all applicable items and submit packing list
PART III-	Leave blank	
PART IV-	“X” appropriate boxes-bearing in mind special meaning of the terms “household goods” and “personal effects”	On the back of the form (item D: “List of Articles”) provide the following (you may use additional sheet of paper): • List of personal effects, with US dollar amount paid and date of purchase • List of all furniture purchased less than a year prior to personal departure; also indicate US dollar amount and date of purchase for each item • List of alcoholic beverages, showing number of bottles, size of bottles (fifth, quart, etc.), value per bottle, type of alcoholic beverages, alcohol content on wine and champagne, and proof on hard liquor These articles are subject to customs duties, taxes and supplementary entry fees.
PART V-	Leave blank	
PART VI-	“X” B - Importer’s signature and today’s date	
PART VII-	Leave blank	

**SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS**

1. OWNER OF HOUSEHOLD GOODS (Last name, first, and middle)		
2. DATE OF BIRTH	3. CITIZENSHIP	
4. PASSPORT (Country and number)		
5. SOCIAL SECURITY NUMBER	6. RESIDENT ALIEN NO.	
7. U.S. ADDRESS	10. EMPLOYER	
11. POSITION WITH COMPANY		
12. LENGTH OF EMPLOYMENT		
13. NATURE OF BUSINESS		
14. WHO CAN VERIFY ABOVE INFORMATION		
15. PACKERS AND SHIPPING AGENTS		
16. PACKERS AND SHIPPING AGENTS		
17. CERTIFICATION		
☐ A. Authorization Agent ☐ B. Importer (check one)		
18. SIGNATURE		

How To Fill Out Your

Supplemental Declaration for Unaccompanied Personal and Household Effects

- Numbers 1 through 14 **must** be completed by you, and should be self-explanatory.
- Numbers 15 and 16 - Leave Blank (these will be filled out by the broker or an authorized agent).
- Number 17 - Select: Importer.
- Number 18 - Date and sign.

NOTE: This form **must** be completed along with Customs Form 3299 and submitted to our representative at origin at time of pickup of your household effects.

Customs Power of Attorney

IRS/ _____ (SSN for Individual Only)

DOB/ _____ (Individual Only)

Check appropriate:

- ☐ Individual
- ☐ Partnership
- ☐ Corporation
- ☐ Sole Proprietorship
- ☐ Limited Liability Company

KNOW ALL MEN BY THESE PRESENTS: THAT, _____
(Full Name of person, partnership, or corporation, or sole proprietorship (identify))
a corporation doing business under the laws of the State of _____ or a _____
doing business as _____ residing at _____
having an office and place of business at _____, hereby constitutes and appoints each of the following persons

(Give full name of each agent designated)

as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in all Customs Districts, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation 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 transfer title, make entry or collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of 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 any 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 withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unloading or navigation of any vessel or other means of 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 declarations 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, unloading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

To authorize other Customs Brokers to act as grantor's agent; to receive, endorse and collect checks issued for Customs duty refunds in grantor's name drawn on the Treasurer of the United States; if the grantor is a nonresident of the United States, to accept service of process on behalf of the grantor;

And generally to transact at the customshouses in any district, any and all customs business, including making, signing, and filing 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 be 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 REVOKED the __ day of __, 2__, or until notice of revocation in writing is duly given to and received by a District Director of Customs. If the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect after the expiration of 2 years from the date of its execution.

IN WITNESS WHEREOF, the said (Printed name of signature) _____

has caused these presents to be sealed and signed: (Signature) _____

(Capacity) _____ (Date) _____

WITNESS: _____

(Printed name of witness) _____

(Corporate Seal)