

8050 Wellingford Drive Manassas, VA 20109 Phone: (703) 330-3772

Fax: (703) 330-2771

Instructions for completing CBP Form 3299 for Free Entry of Unaccompanied Articles Dated 10-2009

The 3299 must be completed as defined below. The employee will complete 1-7, the carrier's port agent will complete 8. A-F. DO NOT include the Employee's social security number (SSN) on the form.

Part I

To be completed by The Employee

- 1. Employee's full name as it appears in the passport
- 2. Employee's Date of Birth
- 3. Date the Employee will arrive
- 4. Employee's US Address including phone number if available
- 5. City where the Employee will clear customs (if available)
- 6. Name of Arriving Vessel carrier and flight/train (if available)
- 7. Names(s) of Accompanying Household Members

To be completed by The Carrier

- 8. Importation information
 - A. Date of Import
 - B. Name of Vessel
 - C. Origin of Shipment
 - D. Bill of Lading or Air Way Bill number
 - E. Number and kinds of containers
 - F. Marks and Numbers (see above, DO NOT include the Employee's social security number (SSN) on the form).

Part II

To be completed by The Carrier

The Employee is returning U.S. Personnel. The carrier is responsible for ensuring that all staff (including origin agents) are aware that DOS staff are US personnel and thus must complete Part III not Part II.

Part III

To be completed by The Employee

- 1. Date of Employee's last departure from the U.S. To be obtained from the Employee.
- 2. Employees Travel Orders. To be provided by the Employee.

Part IV

To be completed by The Employee

- A. If applicable.
- B. If applicable If item B (7) is selected duties may be collected.
- C. If applicable.
- D. Must be filled in only if selections were made from items A, B and C.

Part V

To be completed by The Carrier.

- 1. Name
- 2. Sign
- 3. Date

Part VI

To be completed by The Employee

- 1. B. To be Selected
- 2. Sign
- 3. Date

Part VII Leave Blank

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

FORM APPROVED OMB NO. 1651-0014 Exp. 01-31-2010

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 1651-2010. The estimated average time to complete this application is 45 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

	OF ARTICLES (Please consult with the CBP official for additional information or on. False declarations or failure to declare articles could result in penalties.)					
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					
	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. PERSONN	EL 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.					
(1) Returning resident of the U.S. (2) Nonresident: 10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES I the undersigned further declare that ("X" all applicable items and submit page 1.5.	<u> </u>					
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 employmer 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) It, (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)						
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.	For Residents and Non-Residents ONLY (7) Foreign household effects acquired acquired abroad and used less abroad and used more than one					
(3) Firearms and/or ammunition. (4) Alcoholic articles of all types or tobacco products. C.	than one year. year. 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) DESCR	IPTION OF MERCHANDISE	(3) VALUE OF COST OF REPAIRS	TRIP: State wh	RCHANDISE TAKEN ABROAD THIS here in the U.S. the foreign merchandis or when and where it was previously BP.
PART V CARRIER'S CER					
1., is the owner or consigned	whom of upon who e of such articles v	ose order the articles described in Prithin the purview of section 484(h),	Tariff Act of 1930.	eleased, hereby cert	tifies that the person named in Part I,
In accordance with provision	ns of section 484(h), Tarriff Act of 1930, authority is he	reby given to releas	e the articles to such	n consignee.
1. NAME OF CARRIER			2. SIGNATURE OF AGENT (Print ar		d sign) Date
DART VI CERTIFICATION	N TO BE COMPLI	ETED DV ALL DEDOONS SEEVIN	C EDEE ENTRY		
I, the undersigned, certify the		ETED BY ALL PERSONS SEEKIN is correct and complete.	G FREE ENTRY		
1. "X" One		·			
A. Authorized Agent* (From facts obtained from the importer)			B. Importer		
2. SIGNATURE				3. DATE	
*An Authorized Agent is defin declaration (see 19 CFR 14	ned as a person w 1.19, 141.32, 141.	ho has actual knowledge of the fact 33).	's and who is specifi	 cally empowered un	der a power of attorney to execute this
PART VII CBP U		1. SIGNATURE OF CBP OFFICIA			2. DATE



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II RC-159 Treasury Department Supplemental Declaration (see Exhibit 8)

Background: Office of Management and Budget (OMB) has found that the II RC-159 Treasury Department Supplemental Declaration does not meet guidelines and cannot be demanded by customs officers as a routine form. Nonetheless, some customs officers still require this form possibly causing transportation delays if the form is unavailable. Although the form is not authorized, the forwarder should request the form as the traveler may not be available when the shipment is clearing customs. Instruct the employee not to fill in the SSN field. Supply a copy of the passport instead.

The carrier is directed to accept the form and keep it on file. It must not be submitted as a part of a standard customs package. If a customs officer requests the form the carrier is asked to contact our office with the name of the officer so the DOS can work with CBP to resolve the issue. DOS will advise carriers of revised instructions as the situation develops.

LIMITED POWER OF ATTORNEY INSTRUCTIONS

Please complete this form with only the date and your address, along with your signature. We will then take care of addressing it to the customs broker who will be customs clearing the goods on your behalf.

TREASURY DEPARTMENT U.S.CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

3. CITIZENSHIP				
6. RESIDENT ALIEN NO:				
10. EMPLOYER				
11. POSITION WITH COMPANY				
12. LENGTH OF EMPLOYMENT				
13. NATURE OF BUSINESS				
9. REASON FOR MOVING 14. NAME & TELEPHONE OF COMPANY OFFICAL WHO CAN VERIFY ABOVE INFORMATION				
15. NAME AND ADDRESS OF FREIGHT FORWARDERS, PACKERS AND SHIPPING AGENTS				
ite ports)				
TION AGENT B.IMPORTER (Check One)				
FORM II-RC-159				

POWER OF ATTORNEY

Department of the Treasury U.S. Customs Service 19 CFR 141.32

doing business as

having an office and place of business at_

the following persons

Check appropriate box: Individual Partnership Corporation Sole Proprietorship KNOW ALL MEN BY THESE PRESENTS: That, (Ful! Na me of person, partnership, or corporation, sole proprietorship; fdentify) a corporation doing business under the laws of the State of___ or a residing at

M. Dyer & Sons, Inc. and/or American Customs Brokers

(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 Customs Port _

and in no other naive, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, 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 make entry and 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 manufacture 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 port or in any other customs port;

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, unlading 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 a section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise;

, hereby constitutes and appoints each of

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 owned or operated by said grantor;

And generally to transact at the customhouses in said port 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 the _____day of _____, or until notice of revocation in writing is duly given to and received by the Port Director of Customs of the port aforesaid. 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 receipt in the office of the Port Director of Customs of the said port.

IN WITNESS WHEREOF, the said	
has caused these presents to be sealed and signed: (Signature)	
(Capacity)	(Date)
WITNESS:	```