



Moving & Storage

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

**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 1651-2010. 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.

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 <input type="checkbox"/> (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) <input type="checkbox"/> (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 <input type="checkbox"/> (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) <input type="checkbox"/> (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 <input type="checkbox"/> 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:
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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 <input type="checkbox"/> (1) Articles for the account of other person. <input type="checkbox"/> (3) Firearms and/or ammunition. <input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.	<input type="checkbox"/> (2) Articles for sale or commercial use. <input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products. <input type="checkbox"/> (6) Fish, wildlife, animal products thereof.	B. For Residents and Non-Residents ONLY <input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year. <input type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.	C. For Resident ONLY <input type="checkbox"/> (9) Personal effects acquired abroad. <input type="checkbox"/> (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. <input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.
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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: <i>State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.</i>

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), Tarriff 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

A. Authorized Agent* (From facts obtained from the importer) 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 -- CBP USE ONLY (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	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

1. OWNER OF HOUSEHOLD GOODS

(Last name, first and middle)

2. DATE OF BIRTH:

3. CITIZENSHIP

4. PASSPORT (Country and number)

5. SOCIAL SECURITY NO:

6. RESIDENT ALIEN NO:

7. U.S. ADDRESS

10. EMPLOYER

11. POSITION WITH COMPANY

8. FOREIGN ADDRESS

12. LENGTH OF EMPLOYMENT

9. REASON FOR MOVING

13. NATURE OF BUSINESS

14. NAME & TELEPHONE OF COMPANY OFFICAL WHO CAN VERIFY ABOVE
INFORMATION

15. NAME AND ADDRESS OF FREIGHT FORWARDERS,
PACKERS AND SHIPPING AGENTS

16. SHIPMENT ITINERARY

(Specific place of loading and intermediate ports)

17. CERTIFICATION

A. AUTHORIZATION AGENT

B. IMPORTER (Check One)

18. SIGNATURE

FORM II-RC-159

Exhibit 2
LIMITED POWER OF ATTORNEY
FOR
EXPORT/IMPORT OF PERSONAL EFFECTS AND VEHICLES
DATE _____

Applies to:

POV _____ Initial

Personal Effects _____ Initial

I hereby name and appoint _____
(Type or Print Name)

of _____ to be my lawful attorney-in-fact
to act on my behalf to conduct all transactions necessary with the U.S. Customs Service in the proper
exportation or importation of the below stated personal vehicle or Household Effects which are described
as

Year	Make	Model	Color	Body	Vehicle
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Identification Number (VIN) Title Number

OR

_____ Household

Effects description
and to do all things necessary to ensure compliance with all requirements pursuant to section 192 of the
Customs Regulations.

Signature of Owner Owner's Name- Type or Print _____

Signature of Co-Owner Co-Owner's Name - Type or Print _____

Home Address of Owner City/State/Country Zip Code _____

Pursuant to the Customs regulation CFR 19 Part 111.29(b), if you are the importer of record, payment to the broker will not relieve you of liability for Customs charges (duties, taxes, or other debts owed to Customs) in the event the charges are not paid by the broker. Therefore, if you make payment by check, Customs charges may be paid with a separate check made payable to "U.S. Customs and Border Protection" which shall be delivered to CBP by the broker.