

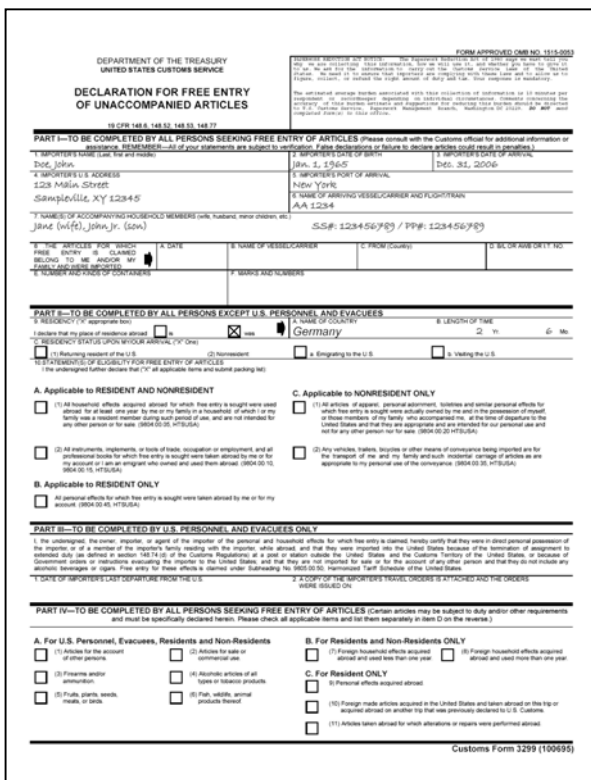
## Required Documents

- legible copy of your passport photo page (and of your accompanying family members, if applicable)
- legible copy of your visa (and of your accompanying family members, if applicable) – **applicable to non-citizens only**
- Form 3299 - Declaration for Free Entry of Unaccompanied Articles (2 pages)
- Supplemental Declaration for Unaccompanied Personal and Household Effects
- Power of Attorney
- Disclaimer
- Shipper's Instruction Letter (required by COMPAS)

All documents to be received as email attachments or by regular mail. Fax copies cannot be accepted due to insufficient quality.

## Completing Instructions

### Form 3299 - Declaration for Free Entry of Unaccompanied Articles



DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICE

**DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES**

15 CFR 148.6, 148.53, 148.53, 148.57

**PART I—TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES** (Please consult with the Customs official for additional information or assistance.)

1. IMPORTER'S FULL NAME, TITLE AND HOME PHONE NO. (Include country code and area code.)  
Doc, John

2. IMPORTER'S ADDRESS  
123 Main Street  
Sampleville, XY 12345

3. SHIPPER'S DATE OF BIRTH  
Jan. 1, 1945

4. SHIPPER'S POINT OF ARRIVAL  
New York

5. DATE OF ARRIVAL  
AA 1234

6. SHIPPER'S SOCIAL SECURITY NUMBER  
S.S.#: 1234 56789 / P.P.#: 1234 56789

7. TYPE OF ARTICLES  
A. RESIDENT ( )  
B. NON-RESIDENT ( )

8. DATE OF DEPARTURE FROM THE U.S.  
Germany

9. TYPE OF RESIDENCE  
A. Resident ( )  
B. Non-Resident ( )

10. TYPE OF ARTICLES  
A. Personal effects ( )  
B. Household effects ( )  
C. Commercial effects ( )

11. SIGNATURE AND DATE

12. CUSTOMS OFFICIAL'S SIGNATURE AND DATE

Customs Form 3299 (100695)

#### PART I

1. print your full name
2. your date of birth
3. date of your arrival in the USA
4. your U.S. address
5. your airport of arrival
6. airline and flight number by which **you** will travel to the U.S
7. names of accompanied family members and their relationship to you plus your citizenship, passport number, social security number (if applicable) and visa number (non-citizens only)
8. leave blank – to be filled by destination agent

#### PART II

9. B: time resided in Germany C: check appropriate box
10. check appropriate boxes

#### PART III

Applies to U.S. Personnel and evacuees only! Fill in date you departed from the U.S. Attach copy of travel orders, and orders issue dates.

#### PART IV

Check appropriate boxes. Leave the table on the 2nd page of form 3299 blank – only items purchased less than one year prior to departure should be listed. Include U.S. dollar equivalent paid and date of purchase. **(The listed articles are subject to U.S. Custom Duties).**

#### PART V

leave blank – to be filled by destination agent

#### PART VI

Put your signature and date when form was signed

## Supplemental Declaration

- 1-14 should be self-explanatory
- 15-16 leave blank
- 17 check "Importer"
- 18 your signature

## Power of Attorney Form 5291

Write your name and social security number on the first line and sign on the line next to (signature).

## Disclaimer

Write the destination city, state on the first line and sign.

## Shipper's Letter of Instructions

This form is not required by U.S. Customs but COMPAS to ensure we are able to contact you anytime.

**If there are any questions please don't hesitate to contact us!**

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

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

**DECLARATION FOR FREE ENTRY  
OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

**PAPERWORK REDUCTION ACT NOTICE:** This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by CBP. These regulations and forms apply to importers to ensure that they are complying with the law and to allow us to figure, collect, or refund the right amount of duty and tax. It is mandatory. The estimated average burden associated with this collection of information is 10 minutes per respondent 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 and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Reduction Project (1651-0014), Washington, DC 20503.

**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 <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) :		
<b>A. Applicable to RESIDENT and NONRESIDENT</b>	<b>C. Applicable to NONRESIDENT ONLY</b>	
<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"/> (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)	<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>B. Applicable to RESIDENT ONLY</b>		
<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.)

<b>A. For U.S. Personnel, Evacuees, Residents and Non-Residents</b>	<b>B. For Residents and Non-Residents ONLY</b>
<input type="checkbox"/> (1) Articles for the account of other person.	<input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year.
<input type="checkbox"/> (2) Articles for sale or commercial use.	<input type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.
<input type="checkbox"/> (3) Firearms and/or ammunition.	<b>C. For Resident ONLY</b>
<input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.	<input type="checkbox"/> (9) Personal effects acquired abroad.
<input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.	<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"/> (6) Fish, wildlife, animal products thereof.	<input type="checkbox"/> (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: <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) <span style="float: right;">Date</span>
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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).*

<b>PART VII -- CBP USE ONLY</b> (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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Department of the Treasury  
U.S. Customs Service  
New York Region  
New York, N.Y. 10048

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED  
PERSONAL AND HOUSEHOLD EFFECTS

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- 1. Owner of Household Goods \_\_\_\_\_  
(Last Name, First & Middle)
  
- 2. Date of Birth \_\_\_\_\_      3. Citizenship \_\_\_\_\_
  
- 4. Passport Information \_\_\_\_\_  
(Country & Number)
  
- 5. Social Security Number \_\_\_\_\_
  
- 6. Resident Alien Number \_\_\_\_\_
  
- 7. U.S Address \_\_\_\_\_      8. Foreign Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 9. Reason For Moving \_\_\_\_\_      10. Employer \_\_\_\_\_  
\_\_\_\_\_
  
- 11. Position with the Company \_\_\_\_\_      12. Length of Employment \_\_\_\_\_
  
- 13. Nature of the Business \_\_\_\_\_
  
- 14. Name and telephone number of a company official who can verify the 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 (check one)     Authorized Agent                       Importer
  
- 18. Signature  \_\_\_\_\_

# POWER OF ATTORNEY

Check appropriate box:  
 Individual  
 Partnership  
 Corporation  
 Sole Proprietorship

KNOW ALL MEN BY THESE PRESENTS: That, \_\_\_\_\_  
*(Full Name of person, partnership, or corporation, 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 Customs District \_\_\_\_\_, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, or other document required by law 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 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 manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or documents is intended for filling 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 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 section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise:

To sign and swear to any documents 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 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 the \_\_\_\_\_ 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 port. district.

IN WITNESS WHEREOF, the said \_\_\_\_\_

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

(Capacity) \_\_\_\_\_ (Date) \_\_\_\_\_

WITNESS: \_\_\_\_\_



## Disclaimer

Shipment of household goods and personal effects to

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City, State / Country

***I hereby confirm that any of my goods that have been in contact with soil,  
have been washed with a strong disinfectant.***

***My shipment does not contain any food items (solid, powder or liquid etc.)  
or any alcoholic beverages according to the  
“Compliance with US Food and Drug Administration Regulations”.***

***I have read and understood the Regulations (FDA-website: <http://www.fda.gov>).***

***I am aware that failure to comply with the above  
put my shipment/s at risk of being refused entry into the United States and  
that all charges resulting from any measures of the Authorities involved  
will be for my account.***

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 Signature

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Print Name

---

Date

# Shipper's Instructions Letter

(required by COMPAS)



In order for us to stay in contact with you during your move, we need to know your travel plans – including any side trips that you may take before reaching your final destination. Please take a few moments to complete this form.

**Thanks!**

<b>Temporary Address (if applicable)</b>	<i>c/o name / hotel, street, city, zip, country</i>
	<i>Phone</i> _____ <i>Intended Time of Stay (from/to)</i> _____

<b>Temporary Address (if applicable)</b>	<i>c/o name / hotel, street, city, zip, country</i>
	<i>Phone</i> _____ <i>Intended Time of Stay (from/to)</i> _____

<b>Destination</b>	<i>street, city, zip</i>
	_____ <i>arriving new residence on (date)</i> _____
	<i>Contact Number/s</i>
	<i>Home:</i> _____ <i>Office:</i> _____
	<i>Mobile:</i> _____ <i>Fax:</i> _____
	<i>E-mail Address:</i> _____

<b>Preferred Delivery Date:</b>	_____
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<b>Contact Person (if other than yourself)</b>	<i>Name</i>
	_____ <i>Contact Number/s</i>
	<i>Home:</i> _____ <i>Office:</i> _____
	<i>Mobile:</i> _____ <i>Fax:</i> _____
	<i>E-mail Address:</i> _____

<b>Remarks:</b>	_____
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 \_\_\_\_\_  
Signature

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Date

## United States of America Customs Information



### Duty free Items

- **Used household goods and personal effects**, if not for resale or for use by another person and if they have been in your possession for at least 1 year.
- **Professional equipment** which was owned and used abroad.
- **Inheritance items**, if items were owned for at least 1 year - during childhood even. (*Additional required paperwork: Statement explaining goods are inherited from a deceased parent and were owned by shipper for at least 1 year.*)

### Dutiable Items

- **Items less than 1 year old** (items need to be listed under part IV, D. on the 2<sup>nd</sup> page of form 3299 with USD value and date of purchase. Sales receipts may be required);
- **Inheritance items** if items were not owned for at least 1 year;
- **Gifts**;
- **Antiques** (*Additional required paperwork: certificate of authenticity*)

### Restricted Items

**RESTRICTED ITEMS IN SHIPMENT WILL CAUSE DELAYS AND ADDITIONAL CHARGES WHICH WILL BE BILLED TO CUSTOMER'S ACCOUNT.**

- **Alcoholic beverages** (Federal, state and local regulation, duties and taxes apply; certain ports are "Dry Ports" and alcohol cannot be imported at that location; alcohol is not permitted in those states - for more information please visit <http://www.cfsan.fda.gov/~pn/pnqguid.html>).

### Prohibited Items

- **Medicine** (Medicine cannot be in a household good shipment, it should be moved in one's suitcase during travel);
- **Narcotics and dangerous drugs** (violation will result in severe penalties!);
- **Biological materials** of public health or of veterinary importance (require an import permit);
- **Obscene or pornographic material**;
- **Unlawful or treasonable material**;
- **Hazardous articles** (e.g. fireworks, combustible, corrosive, flammable or explosive items, toxic or poisonous substances);
- **Switch blade knives**;
- **Pirated books or articles** (e.g. cassettes, CDs, DVDs and computer programs);
- **Foodstuff** (strictly controlled and subject to inspection and confiscation by the Food and Drug Administration);
- **Firearms and ammunition** (subject to many restrictions; import permit obtainable and issued by the BATF; proof of ownership, registration, certificates and licenses required, vary according to type of firearm, immigration status of owner, destination and port of entry; if weapon was originally purchased or owned by Customer in the U.S. proof and date of sale required);
- **Animals or plants** (e.g. furs, skins, ivory tusks, tortoise shells, wood carvings, etc. - subject to the U.S. Endangered Species Act)

### Motor Vehicles

Vehicles imported into the USA must meet the U.S. specifications and requirements of the EPA and DOT.

*Additional required paperwork:* make, model, year, VIN, EPA Form 3520-1, DOT Form HS-7, copy of title, copy of registration.

### Pets

If you plan to take your pet/s to the USA please contact PetAir directly for more information and transportation rates:

PetAir Weltweite Haustiertransporte  
Airport Frachtzentrum,  
Tor 26, Geb. 458c, Rm. 2201,  
60549 Frankfurt  
Fon: 069-694750, Fax: 069-694607  
Email: [info@petair.de](mailto:info@petair.de), Web: [www.petair.de](http://www.petair.de)