

HOW TO COMPLETE THE U.S. CUSTOMS FORM "CF-3299"

<u> PART 1</u>

- 1 Write in the full name of the owner/consignee, as written on the passport.
- 2. Write in the date of birth of the owner/consignee.
- 3. Write in the date of arrival of the owner/consignee into the U.S. *IMPORTANT*
- 4. Write in the U.S. address of the owner/consignee.
- 5. Write in the city in which the owner/consignee arrived into the U.S.
- 6. Write in the name of the airline and the flight number of the owner/consignee arrived on into the U.S. **if you drove by car from Canada just indicate it.*
- 7. Write in the full names of accompanying household members, as seen on their passports.
- 8. LEAVE THIS AREA BLANK

<u>PART II</u>

- 9. Check whether your place of residence is or was abroad. State the name of the country and the length of time you resided there.
- 10. If you are a U.S. resident, check all appropriate boxes under Parts A & B. If you are not a U.S. resident check all appropriate boxes under Parts A & C.

<u>PART III</u>

LEAVE THIS BLANK

PART IV

- 1. Check all applicable boxes.
- 2. ***** Part D**: only list those items you have owned for **less than one year**. (If you list any items here, they are dutiable and you will be charged!)

<u>PART V</u>

LEAVE THIS BLANK

<u>PART VI</u>

- 1. Check the box marked "Importer".
- 2. SIGN THE FORM. **U.S. CUSTOMS WILL NOT ACCEPT AN UNSIGNED CF-3299.
- 3. DATE THIS FORM WHEN YOU SIGN.
- 4. COMPLETE THE SUPPLEMENTARY DECLARATION, ALSO ATTACHED.



HOW TO COMPLETE THE "POWER OF ATTORNEY"

Fill out only those lines which are preceded by a number. The numbers below coincide with those on the "Power of Attorney" form.

- 1. Fill in either your social security or IRS# if available
- 2. Tick the line marked "Individual".
- 3. Fill in your name.
- 4. Write the word "Individual"
- 5. Fill in your U.S. address.
- 6. Write the word "Individual".
- 7. Sign the form.
- 8. Write the word "Consignee".
- 9. Date the form.
- 10. Have a witness to sign the form.

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

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. 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 assistance. REMEMBERAll of your statements are subject to verification					
1. IMPORTER'S NAME (Last, first and middle)	2. IMPORTER'S DA		1	RTER'S DATE OF A	,
4. IMPORTER'S U.S. ADDRESS	5. IMPORTER'S PC	ORT OF ARRIVAL			
	6. NAME OF ARRIV	/ING VESSEL CAR		D 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	VESSEL/CARRIER	C. FROM (Counti	ry)	D. B/L OR AWB O	PR I.T. NO.
E. NUMBER AND KINDS OF CONTAINERS F. MARKS AN	ID NUMBERS				
PART II TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONN	EL AND EVACUEES				
9. RESIDENCY ("X" appropriate box)	A. NAME OF COU	NTRY	B. LEN	IGTH OF TIME	
I declare that my place of residence abroad is was				Yr.	Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) (1) Returning resident of the U.S. (2) Nonresident:	a. Emigrating to t	hellS	Πh	Visiting the U.S.	
10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES		10 0.0.		violarig the 0.0.	
I the undersigned further declare that ("X" all applicable items and submit pa 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) 	were used al household of such period	d effects acquired a broad for at least or f which I or my fami	abroad for v ne year by ily was a re	which free entry is s me or my family in esident member dur or any other person	a ing
(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)	imported are carriage of a	for the transport of	f me and m priate to m	eans of conveyance by family and such in by personal use of th	ncidental
 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 ON					
I, the undersigned, the owner, importer, or agent of the importer of the person were in direct personal possession of the importer, or of a member of the impo- into the United States because of the termination of assignment to extended station outside the United States and the CBP Territory of the United States, United States; and that they are not imported for sale or for the account of a Free entry for these effects is claimed under Subheading No. 9805.00.50, Harr	rter's family residing w duty (as defined in se or because of Goverr ny other person and th	vith the importer, whether the importer of the section 148.74(d) of the section o	the abroad the Custor tructions e lude any a	, and that they were ms Regulations) at evacuating the impo	a post or rter to the
1. DATE OF IMPORTER'S LAST DEPARTURE FROM THE U.S.	2. A COPY OF THE THE ORDERS W	IMPORTER'S TRA ERE ISSUED ON:	VEL ORDE	ERS IS ATTACHED	AND
PART IV TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTR requirements and must be specifically declared herein. Please check all a					
, ,	For Residents and	Non-Residents ON	ILY		
(1) Articles for the account (2) Articles for sale or commercial use.	(7) Foreign household acquired abroad and than one year.	d effects d used less	' `´ acqu	eign household effect uired abroad and us n one year.	
(3) Firearms and/or ammunition. (4) Alcoholic articles of all types or tobacco products.	For Resident ONLY				
(5) Fruits, plants, seeds, meats, or birds. (6) Fish, wildlife, animal products thereof. (1)	(9) Personal effects a10) Foreign made artic this trip or acquire	cles acquired in the		ates and taken abro was previously decl	
	CBP. 11) Articles taken abro	oad for which altera	tions or rep	pairs were performe	ed abroad.

D. LIST OF ARTICLES					
(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCR	RIPTION OF MERCHANDISE	(3) VALUE OF COST OF REPAIRS	TRIP: State v	IERCHANDISE TAKEN ABROAD THIS where in the U.S. the foreign merchandise d or when and where it was previously CBP.
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PART V CARRIER'S CEF					
The undersigned carrier, to	whom of upon who		ART I, 8., must be r , Tariff Act of 1930.	eleased, hereby ce	ertifies that the person named in Part I,
C C		h), Tariff Act of 1930, authority is here	-	e the articles to sur	ch consignee.
1. NAME OF CARRIER			2. SIGNATURE O	OF AGENT (Print ar	ind sign) Date
		1			
PART VI CERTIFICATIO	PART VI CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY				
I, the undersigned, certify th	nat this declaration	is correct and complete.			
1. "X" One A. Authorized Agent*	t* (From facts obta	ained from the importer)	B. Importer		
2. SIGNATURE			1	3. DATE	
*An Authorized Agent is defir declaration (see 19 CFR 14	ned as a person w 11.19, 14 <u>1.32, 141</u>	/ho has actual knowledge of the fact .33).	s and who is specifi	cally empowered ι	under a power of attorney to execute this
PART VII CBP U (Inspected and Re		1. SIGNATURE OF CBP OFFICIA	<u>ــــــــــــــــــــــــــــــــــــ</u>		2. DATE

U.S. CUSTOMS & BORDER PROTECTION

SUPPLEMENTAL DECLARATION

FOR

UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1	Owner of Household Goods (Last Name, First and Middle):				
2	Date of Birth:	8 Citizenship:			
3	Passport:	9 Resident Alien No:			
4	Social Security No:	10 Employer			
5	U.S. Address:				
		11 Position with Company			
6	Foreign Address:	12 Length of Employment			
7	Reason for Moving:	13 Nature of Business			
	Ū				
		14 Name & Telephone of Company Official Who can verify above:			
15	Name & Address of Freight Forwarders, Packers, & Ship	ping Agents:			
16	Shipment Itinerary: (Specify Place of Lading):				
17	17 Certification (Check one):				
18	Signature:	nature: Date:			

POWER OF ATTORNEY

Check Appropriate Line:

(1) IRS#_____ (2)

Partnershin

rannersnip	
Corporation	
Sole Proprietorship	

KNOW ALL MEN BY THESE PRESENTS:

That, (3)

a corporation doing business under the laws of the State of _____ or a (4)

doing business as

residing at(5)

having an office and place of business at ______ hereby constitutes and appoints each of the following persons

as a true and lawful agent and attorney of the 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 of 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, 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, certification, abstract, declaration, or other affidavit or document is intended for filing 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 or 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 declaration 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, unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor; And generally to transact at the customhouse 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 effects until the _____day of _____, 19_____, 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 district.

IN WITNESS WHEREOF, the said

(6) caused these presents to be sealed and signed:	has
Signature (7)	
Capacity (8)	
Date (9)	
WITNESS (10) customs of the said district.	

ALCOHOL INVENTORY

Name of wine or Liqueur	Type of Alcohol Red /White Wine/Liqueur	No. of Bottles	ML per Bottle	% Alcohol Content	% Value per Bottle	Country of Origin

TOTAL \$ VALUE

I <u>confirm</u> that the above inventoried wine, liquor, or other alcoholic beverages is a complete list of all items in my shipment and is intended for my own personal use and not for commercial sale or distribution. I <u>understand</u> that I have included these items voluntarily and by including alcoholic beverages in my shipment I am accepting financial responsibility for any additional costs, taxes or duties incurred to process or transport my shipment. I <u>understand</u> and <u>accept</u> that including these items may cause additional delay in receiving my shipment.

NAME:	Signature:	_ Date:
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