

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 Reducation 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		
X		X	X		
4. IMPORTER'S U.S. ADDRESS		5. IMPORTER'S PORT OF ARRIVAL			
X		X			
		6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN			
		X			
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)					
X					
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.
X					
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)		A. NAME OF COUNTRY		B. LENGTH OF TIME	
X I declare that my place of residence abroad <input type="checkbox"/> is <input type="checkbox"/> was				Yr. Mo.	
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One)					
X <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.					
X 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			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"/> (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. 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:

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.)

X A. For U.S. Personnel, Evacuees, Residents and Non-Residents		B. For Residents and Non-Residents ONLY	
<input type="checkbox"/> (1) Articles for the account of other person.	<input type="checkbox"/> (2) Articles for sale or commercial use.	<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.
<input type="checkbox"/> (3) Firearms and/or ammunition.	<input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.	C. For Resident ONLY	
<input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.	<input type="checkbox"/> (6) Fish, wildlife, animal products thereof.	<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.	

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.

X 1. "X" One

<input type="checkbox"/> A. Authorized Agent* (From facts obtained from the importer)	<input type="checkbox"/> B. Importer
2. SIGNATURE	3. DATE

*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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TEASURY DEPARTMENT
U.S. CUSTOMS SERVICE

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

<hr/>	
<input checked="" type="checkbox"/> 1. OWNER OF HOUSEHOLD GOODS (Last name, first and middle)	
<hr/>	
<input checked="" type="checkbox"/> 2. DATE OF BIRTH	<input checked="" type="checkbox"/> 3. CITIZENSHIP
<hr/>	
<input checked="" type="checkbox"/> 4. PASSPORT (Country and number)	
<hr/>	
<input checked="" type="checkbox"/> 5. SOCIAL SECURITY NO.	<input checked="" type="checkbox"/> 6. RESIDENT ALIEN NO.
<hr/>	
<input checked="" type="checkbox"/> 7. U.S. ADDRESS	<input checked="" type="checkbox"/> 10. EMPLOYER
<hr/>	
	<input checked="" type="checkbox"/> 11. POSITION WITH COMPANY
<hr/>	
<input checked="" type="checkbox"/> 8. FOREIGN ADDRESS	
<hr/>	
	<input checked="" type="checkbox"/> 12. LENGTH OF EMPLOYMENT
<hr/>	
<input checked="" type="checkbox"/> 9. REASON FOR LEAVING	<input checked="" type="checkbox"/> 13. NATURE OF BUSINESS
<hr/>	
	NAME AND TELEPHONE OF COMPANY OFFICIAL
	<input checked="" type="checkbox"/> 14. WHO CAN VERIFY ABOVE INFORMATION
<hr/>	
NAME AND ADDRESS OF FREIGHT FORWARDERS	
<input checked="" type="checkbox"/> 15. PACKERS AND SHIPPING AGENTS	
<hr/>	
SHIPMENT ITINERARY	
<input checked="" type="checkbox"/> 16. (Specify place of loading and intermediate ports)	
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<hr/>	
<input checked="" type="checkbox"/> 17. CERTIFICATION	A. Authorized Agent
	B. Importer (check one)
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<input checked="" type="checkbox"/> 18. SIGNATURE	
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