TREASURY DEPARTMENT U.S.CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

OWNER OF HOUSEHOLD GO (Last name, first and middle)	OODS
2. DATE OF BIRTH:	3. CITIZENSHIP
4. PASSPORT (Country and num	iber)
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)	
(-1	
17.CERTIFICATION A.AUT	THORIZATION AGENT B.IMPORTER (Check One)
18. SIGNATURE	
	FORM II-RC-159