



TO ASSIST YOU WITH COMPLETION OF CUSTOMS FORM
(3299)

PART I

1. NAME IN FULL:

2. DATE OF BIRTH:

3. DATE OF ARRIVAL INTO THE UNITED STATES:

4. THE DATE THAT YOU OBTAINED YOUR VISA:

5. DELIVERY ADDRESS: (IF UNKNOWN, ENTER YOUR EMPLOYER'S ADDRESS
IN THE DESTINATION CITY)

6. PORT OF ARRIVAL:

7. WHERE YOU OBTAINED YOUR VISA:
(I.E. PEARSON INTERNATIONAL AIRPORT, DETROIT, MI)

8. ARRIVING VESSEL:
(MEANS OF ENTERING THE UNITED STATES, I.E. PRIVATE AUTOMOBILE, OR
BY FLYING...CANADAIN AIRLINES FLIGHT 1234)

9. FULL NAMES OF ACCOMPANYING HOUSEHOLD MEMBERS AND RELATIONS
TO YOU, AS THE IMPORTER. IF YOU ENTER NAMES IN THIS SECION, YOU
WILL BEED TO SUPPLY US WITH A COPY OF THEIR PASSPORT OR BIRTH
CERTIFICATE...IF WORKING THEIR VISA. WE RECOMMEND THAT NO
NAMES BE LISTED HERE.

10. YOUR DRIVER WILL COMPLETE A-F

PART II

1. YOUR RESIDENCE ABROAD WAS

- a. CANADA
- b. ENTER THE LENGTH OF TIME (YEARS AND MONTHS) OF RESIDENCE IN CANADA: _____
- c. IF YOU ARE A CANADIAN CITIZEN MOVING TO THE UNITED STATES ON THE BASIS OF WORK VISA, THEN YOU ARE CONSIDERED A NON-RESIDENT AND YOU SHOULD CHECK BOX B – “VISITING THE U.S.” IF YOU ARE A RETURNING U.S. CITIZEN, PLEASE ENTER YOUR U.S. SOCIAL SECURITY NUMBER:

2. CHECK BOXES THAT APPLY TO YOU ON THE BASIS OF YOUR STATUS AS RESIDENT OF NON-RESIDENT OF THE U.S.:

PART III

1. THIS SECTION APPLIES TO THOSE WHO ARE MEMBERS OF THE U.S. MILITARY

PART IV

CHECK ONLY THE AREAS THAT APPLY TO YOU BASED ON YOUR STATUS AS A RESIDENT OR A NON-RESIDENT.

- A. BY CHECKING OFF ANY OF THESE BOXES YOU MAY BE SUBJECTING YOUR SHIPMENT TO CUSTOM'S INSPECTION, SEIZURE AND/OR THE ASSESSMENT OF ANY APPLICABLE DUTIES
- B. CHECK OFF THE BOX THAT APPLIES TO YOU BASED ON YOUR RESIDENCY STATUS
- C. ONLY CHECK BOXES IN THIS AREA IF YOU'RE A RETURNING U.S. RESIDENT.

BACK OF THE FORM

- D. YOU DO NOT COMPLETE THIS SECTION. AFTER THE DRIVER HAS COMPLETED THE INVENTORY OF EFFECTS TO BE SHIPPED, HE WILL ENTER “ONE LOT OF USED HOUSEHOLD GOODS AND PERSONAL EFFECTS ARE PER INVENTORY: AND THE NUMBER OF PIECES. IF CUSTOMS CHOOSES TO SEE A DESCRIPTION OF GOODS, THE DRIVER WILL SURRENDER A COPY OF OUR INVENTORY.

PART V

THE DRIVER WILL COMPLETE THIS SECTION

PART VI

CHECK OFF BOX B (IMPORTER). SIGN YOUR NAME WITH NO INITIALS AND DATE THE FORM.