# Required forms and key information for moves to the U.S.



#### Important Items to Note Before Starting

- Your move is a "goods to follow" move. This means U.S. Customs requires you and your party to be in the United States at the time your container crosses the border.
- All containers are subject to inspection by U.S. Customs. In the event of a random inspection, the lock on the container will be removed and replaced with a new one at the account holder's expense. The account holder is also responsible for any fees incurred upon inspection.
- Your goods are subject to assessment of duties and taxes by U.S. Customs. This transaction is between you and U.S. Customs; PODS is at no time involved.
- The schedule is subject to change. While we try to make your cross-border move as seamless as possible, please note that a delay could occur, as U.S. Customs has increased its border inspections and requirements. We encourage you to be patient and we will contact you immediately in the event of a delay.
- All documentation must be submitted to PODS at least five days before your container is scheduled for transit, or transit and delivery of your container will be cancelled. *Please note that all rescheduled service dates will be based on current availability.*

This guide will walk you through the steps to complete and return the documents required to complete your move.



Step 1

Download and save the following forms as separate PDFs. Use the instructions in this guide to assist you in completing the forms, and use the Examples section for reference. Note that U.S. Customs requires handwritten signatures. Digital signatures won't be accepted and will cause service delays.

A

Supplemental Declaration for Unaccompanied Personal and Household Effects (Form II RC-159)

De Art

Declaration for Free Entry of Unaccompanied Articles (<u>CBP Form 3299</u>)

- In Fe
  - Inward Cargo Manifest for Vessel Under Five Tons, Ferry, Train, Car, Vehicle, Etc. (<u>CBP Form 7533</u>)
- D Ho

Household Goods Inventory List (Inventory List)



Customs Power of Attorney (<u>Form 5291</u>) — **must be notarized** 

For more information: (855) 706-4758 PODS.ca/moving-to-us







- Prepare a letter addressed to U.S. Customs indicating the purpose of the move and include a current phone number in the event a U.S. Customs agent needs to speak to you directly.
- B Provide a copy of the account holder's passport and the passports of all family members moving to the U.S. (the account holder will be the responsible party clearing customs in the U.S.).
- Provide a copy of any visas, work permits, permanent resident cards, etc. belonging to the account holder and family members (if applicable).

Still have questions? See our <u>Frequently</u> <u>Asked Questions</u> for further information.



Email the five completed forms from Step 1 and the additional documentation from Step 2 to <u>SpecialServicesPPW@PODS.com</u>. **Double-check that all are attached.** 

#### - Moving to California or Hawaii? -

For moves to a California or Hawaii destination, complete and submit a Spongy Moth and Spotted Lanternfly Form. This form is available on **MyPODS.com** 

PODS

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#### FORM II RC-159 GUIDE

# Supplemental Declaration for Unaccompanied Personal and Household Effects

## Numbers 1-14

Must be completed by owner of household goods. If a line doesn't apply, the section may be left blank.

#### Numbers 15-16

Leave blank

Number 17 Select "Importer"

**Number 18** Add your signature and today's date



#### TREASURY DEPARTMENT U.S. CUSTOMS SERVICE

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

2. DATE OF BIRTH Your Date of Birth	3. CITIZENSHIP Your Citizenship
4. PASSPORT (Country and number) Passport	#
5. SOCIAL SECURITY NUMBER Only if applicable	6. RESIDENT ALIEN NO. Only if applicable
7. U.S. ADDRESS U.S. Address	10. EMPLOYER Only if applicable
	11. POSITION WITH COMPANY Only if applicable
. FOREIGN ADDRESS Canada Address	
— FXAN	2 L NGT O EMPLYMENT Only if applicable
. REASON FOR MOVING List reason	13. NATURE OF BUSINESS Only if applicable
	NAME AND TELEPHONE OF COMPANY OFFICIA 14. WHO CAN VERIFY ABOVE INFORMATION
NAME AND ADDRESS OF FREIGHT FORWARDERS	3,
5. PACKERS AND SHIPPING AGENTS	
SHIPMENT ITINERARY	
5. PACKERS AND SHIPPING AGENTS SHIPMENT ITINERARY 6. PACKERS AND SHIPPING AGENTS	

FORM II - RC - 159

# Declaration for Free Entry of Unaccompanied Articles

## Part 1

Box 1: Your name

Box 2: Your date of birth

**Box 3:** Date you are planning to cross the border

Box 4: U.S. destination address

**Box 5:** Name of airport and/or bridge where you will clear customs

**Box 6:** Name of airline and flight number or car model and license plate for entering the U.S.

**Box 7:** Names of accompanying household members

#### **Box 8:**

- A: Date
- B: PODS Enterprises, LLC
- C: Canada
- D: Leave blank
- E: Total number of containers
- F: Container number(s)

## Part 2

**Box 9 (A, B, C):** Complete with the appropriate information

**Box 10 (A, B, C):** Mark the appropriate box with an "x"

## Part 3

Leave blank

## Part 4

**Box A, B, C:** Mark the appropriate box with an "x"

Box D: List of contents

**Part 5** Complete with the appropriate information

**Part 6** Select B, sign, and date

## Part 7

Leave blank



**CBP FORM 3299 EXAMPLE DOWNLOAD FORM HERE** 



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

OMB CONTROL NUMBER 1651-0014 EXPIRATION DATE: 02/28/2026

#### DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

Paperwork Reduction Act Statement: An agency current valid OMB control number and an expirati The obligation to respond to this information colle U.S. Customs and Border Protection, Office of Re	on date. The control num ection is mandatory to ob	nber for this otain benefit	s collection is 1651-0014. The e ts. If you have any comments r	stimated average ti egarding the burde	me to com	plete this applic	cation is 45 minutes.
PART I TO BE COMPLETED BY ALL P assistance. REMEMBERAll of your state							
IMPORTER'S NAME (Last, first and middle initial)		IMPORTER'S DAT	E OF BIRTH	IMPO	RTER'S DATI	E OF ARRIVAL	
IMPORTER'S U.S. ADDRESS			IMPORTER'S POF	RT OF ARRIVAL			
NAME(S) OF ACCOMPANYING H	OLD ME VERS (W	e, hu pano		NG ESSEL C		ND FLIGHT/TI	
THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	DATE		OF VESSEL/CARRIER Enterprises, LLC	FROM (Countr	у)	B/L OR A	WB OR I.T. NO.
NUMBER AND KINDS OF CONTAINERS		MARKS	S AND NUMBERS				
PART II TO BE COMPLETED BY ALL P	PERSONS EXCEPT U	.S. PERS	ONNEL AND EVACUEES				
RESIDENCY ("X" appropriate box)			NAME OF COUNTRY		LENGT	H OF TIME	
I declare that my place of residence abroa		is 🔻				Yr.	Mo.
C. RESIDENCY STATUS UPON MY/OUR (1) Returning resident of the U.S.	ARRIVAL ("X" One) (2) Nonresident:	a. Emi	grating to the U.S. b	. Visiting the U.S	6.		
STATEMENT(S) OF ELIGIBILITY FOR FREE						d submit packi	na list) ·
<ul> <li>A. Applicable to RESIDENT and NONRESIDENT         <ul> <li>(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)</li> <li>(2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad (9804.00.15, HTSUSA)</li> <li>(2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad (9804.00.15, HTSUSA)</li> <li>(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)</li> </ul> </li> </ul>							
B. Applicable to RESIDENT ONLY							
All personal effects for which free ent me or for my account. (9804.00.45, H		en abroad	by				
PART III TO BE COMPLETED BY U.S. I	PERSONNEL AND EV	VACUEES	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.							
DATE OF IMPORTER'S LAST DEPARTURE	FROM THE U.S. 2.	A COPY C	OF THE IMPORTER'S TRAVEL (	ORDERS IS ATTAC	HED AND	THE ORDERS	WERE ISSUED ON:
PART IV TO BE COMPLETED BY ALL requirements and must be specifically decla							r other
A. For U.S. Personnel, Evacuees, Reside	ents and Non-Reside	ents	B. For Residents and Nor	-Residents ONL	Y		
of other person.	) Articles for sale or commercial use.		(7) Foreign household acquired abroad ar than one year.		) í ac	reign househo quired abroad an one year.	old effects d and used more
(3) Firearms and/or (4) ammunition.	<ul> <li>Alcoholic articles of a types or tobacco pro</li> </ul>		C. For Resident ONLY (9) Personal effects ac	cquired abroad.			
(5) Fruits, plants, seeds, (6) meats, or birds.	) Fish, wildlife, animal products thereof.	l	(10) Foreign made artic this trip or acquire				n abroad on sly declared to CBP
			(11) Articles taken abro	ad for which altera	itions or re	epairs were per	
CBD Form 3200 (12/23)							Domo 1 of 2

#### CBP FORM 3299 EXAMPLE (CONTINUED)

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: State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.
	EXA	N/C	
PART V CARRIER'S CE	RTIFICATE AND RELEASE ORDER		
The undersigned carrier, to		ed in PART I, 8., must be 484(h), Tariff Act of 1930.	released, hereby certifies that the person named in Part I,
In accordance with provisio	ns of section 484(h), Tariff Act of 1930, authorit	y is hereby given to relea	
. NAME OF CARRIER		SIGNATURE	OF AGENT (Print and sign LAST, FIRST, M.I.)
		Sign	Date
	ON TO BE COMPLETED BY ALL PERSONS SI	EEKING FREE ENTRY	
I, the undersigned, certify to "X" One	that this declaration is correct and complete.		
	f (From facts obtained from the importer)	B. Importer	
SIGNATURE (Sign in ink)			DATE
*An Authorized Agent is def declaration (see 19 CFR 14		the facts and who is spec	fically empowered under a power of attorney to execute this
PART VII CBP U		ICIAL (Sign in ink)	DATE
(Inspected and Re	eleased)		

#### **CBP FORM 7533 GUIDE**

# Inward Cargo Manifest for Vessel Under Five Tons, Ferry, Train, Car, Vehicle, Etc.

#### Box 1

PODS Enterprises, LLC

#### Boxes 2 and 3

Name and physical address of the "Master or Person in Charge." The name on this form needs to match the name on the PODS account.

## Box 4

Port of entry where the "Master or Person in Charge" is crossing the border

#### Box 5

Your destination address

#### Box 6

Leave blank

#### Box 7

List the date you are planning to cross the border

## Column No. 1

Provide general quantity of stored items in the container(s). For example, enter "100 boxes, furniture, etc."

## Column No. 2

List the container number

## Column No. 3

Provide general description of the goods transported. For example, "Personal household goods."

## Column No. 4

Provide your full name as "Master or Person in Charge"



CBP FORM 7533 EXAMPLE DOWNLOAD FORM HERE

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

Approved OMB No. 1651-0001 Exp. 03-31-2012

(INSTRUCTIONS ON INWARD CARGO MANIFEST FOR VESSEL UNDER FIVE TONS, FERRY, TRAIN, CAR, VEHICLE, ETC.			CBF	CBP Manifest/In Bond Number		
(INSTRUCTIONS ON REVERSE)		19 CFR 123.4,	and the second second second		Pag	je No.
1. Name or Number and D	escription of Impo			er or Person in Char	ge	
PODS Enterprises, L	LC.		Your Name			
3. Name and Address of Owner Your address		4. Foreign Port of Lading 5. Your port of entry		************************************	. U.S. Port of Destination Your destination	
6. Port of Arrival			7. Date of Arrival			
Column No. 1	Column No. 2	Column No. 3	3	Column	No.4	Column No. 5
Bill of Lading or Marks & Numbers or Address of Consignee on Packages	Car Number and Initials	Number and Gross Weight (in kilos or pounds) of Packages and Description of Goods		Name of Co	Name of Consignee For Use	
100 boxes	Container #	Household goods	Household goods Your		our name	
Furniture	Container #	Household goods		Your name		
			VIF			
						1
		CARRIER'S	CERTIFICATE			
To the Port Director o	f CBP, Port of		CERTIFICATE			
To the Port Director o The undersigned carr		Arrival:	CERTIFICATE	of	Count	try
The undersigned carrist the owner or consignation of the owner owner or consignation of the owner owner or consignation of the owner owne	ier hereby certi nee of such ar	Arrival:	of section 484, Ta	ariff Act of 1930.		try
The undersigned carr is the owner or consig I certify that	ier hereby certi nee of such ar	Arrival: fies that <u>Your name</u> ticles within the purview o	of section 484, Tablest of my knowle	ariff Act of 1930.		try

#### CBP FORM 7533 EXAMPLE (CONTINUED)

#### Block No. 4

Insert the word "various" if more than one foreign port of lading is involved, and show the individual ports of lading by name immediately below the description of goods in vertical column number 3.

#### Column No. 3

If used as entry pursuant to Section 123.7, Customs Regulations, as amended, prepare form in duplicate and show name of shipper, value, and tariff item number immediately below description of goods in vertical column number 3.

# EXAMPLE

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 1651-0001. The estimated average time to complete this application is 6 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.

CBP Form 7533 (06/09)(Back)

# HOUSEHOLD GOODS INVENTORY LIST

List all duty-free household goods and personal effects on this inventory form. This is mandatory for items to clear U.S. Customs. Use as many pages as necessary. Items that will be liable for duty must be listed on CBP Form 3299. If you need more space, simply attach an additional copy of the form. INVENTORY LIST EXAMPLE DOWNLOAD FORM HERE





#### PODS HOUSEHOLD GOODS INVENTORY LIST

#### For Use: Moving from Canada to USA

#### For Presentation to: US Customs

Customer Name	Address	
PODS <sup>®</sup> Container Number(s)		

Instructions: List all duty free household goods and personal effects on this inventory form. This is mandatory for items to clear US Customs. Use as many pages as necessary (Items that will be liable for duty must be listed on Form 3299.)

Quantity	Description
EXAN	<b>APLE</b>

Signature of Importer

#### FORM 5291 GUIDE

# **Customs Power of Attorney**

- **1.** ID# you can use your Social Security or passport number
- **2.** Check the "Individual" box
- **3.** Provide your full legal name
- **4.** Provide your current address
- **5.** Give the full name of each designated agent, including PODS Enterprises, LLC
- **6.** Print form, have it notarized, scan it, and return it to PODS

FORM 5291 EXAMPLE **DOWNLOAD FORM HERE** 

Department of the Treasury U.S. Customs Service 141.32.CR.

# **Customs Power of Attorney**

ID# Social Security or Passport Number

Check Individual

Check appropriate box: Individual
 Partnership
 Corporation
 Sole Proprietorship

KNOW ALL MEN BY THESE PRESENTS: That, \_

Full Name of PODS Account Holder

(Full Name of person, partnership, or corporation, or sole proprietorship (Identify)

a corporation doing business under the laws of the S	tate of		or a
doing business as		residing at	Your present address
having an office and place of business at			_, hereby constitutes and appoints each of the following persons
	PODS Ente	erprises, LLC	
	(Give full name of ea	ach agent design	nated)
as a true and lawful agent and attorney of the grant in named a stead of said grantor from this date and in all Currons. Distri- endorse, sign, declare, or swear to any entry, withdra na, occurs other document required by law or regulation in the mection we exportation of any merchandise shipped or considered any merchandise deliverable to said grantor. To make endorsements on bills of lading contening authority drawback, and to make, sign, declare, or swear to any stateme suppremental schedule, certificate of delivery, certificate of manu delivery, abstract of manufacturing records, declaration of propri exporter on drawback entry, or any other affidavit or document district. To sign, seal, and deliver for and as the act of said grantor any connection with the entry or withdrawal of imported merchand without benefit of drawback, or onversion with the entry, clear any vessel or other means of conveyance owned or operated by se IN WITNESS WHEREOF, the said	cts, an energy other name, to minist alion, conscale, bill of both carm on the the intratation denotes the analysis of the grants to beform at a or both with such merchandise; to become to transfer title, make entry or collect int, supplemental statement, schedule, ifacture, certificate of manufacture and effort on drawback entry, declaration of nit which may be required by law or il of lading, swom statement, schedule, is intended for filing in any customs bond required by law or regulation in face or merchandise exported with or name, tading, unlading or navigation of said grantor, and any and all bonds e	owner de ratio come con statistica de la con- trasignanda vear regular in nome means of conveyar To authorize other issued for Customs grantor is a nonres And generally to tra- making, signing, ar or may be concern attorney, giving to a necessary to be dr natilying and confir the foregoing pow 2,, or until in Customs. If the dr	Intail right and accested under applicable Laws and regulations, consignee's among owind for in since 485. Tariff Act of 1930, as amended or affidavits in to any downent and perform any act that may be necessary or required by law of cition with the enterine clearon lading, unlading, or operation of any vessel or other necessary or required by law of the united sing grantor's agent, to receive, endorse and collect checks is dury refunds in grantor's name drawn on the Treasurer of the United States, if the ident of the United States, to accept service of process on behalf of the grantor; ansact at the customshouses in any district, any and all customs business, induding filling of protests under sections 514 of the Traff Act of 1930, in which said grantor is earl or interested and which may property be transacted or performed by an agent and said agent and atomey full power and authority to do anything whatever requisite an one in the premises as fully as aid grantor could do if present and actions, hereby ming all that the said agent and atomey shall lawfully do by vitue of these presents of of revocation in writing is duly given to and received by a District Director or onor of this power of atomey for both and atomey shall avoid by a district Director or onor of this power of atomey is a partnership, the said power shall in no case have after the expiration of 2 years from the date of its execution.
Has caused these presents to be sealed and signed:	(Signature)Your signature sign	ed in front of a not	ary
(Capacity) Notary	10 10 10 10 10 10 10 10 10 10		(Date) Date
WITNESS: Witness Signature of the Notary			
			(Corporate seal)

Customs Form 5291 (10-07-80)