

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](#))
- B** Declaration for Free Entry of Unaccompanied Articles ([CBP Form 3299](#))
- C** Inward Cargo Manifest for Vessel Under Five Tons, Ferry, Train, Car, Vehicle, Etc. ([CBP Form 7533](#))
- D** Household Goods Inventory List ([Inventory List](#))
- E** Customs Power of Attorney ([Form 5291](#)) — **must be notarized**

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





Step 2

- A** 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.).
- C** Provide a copy of any visas, work permits, permanent resident cards, etc. belonging to the account holder and family members (if applicable).



Step 3

Email the five completed forms from Step 1 and the additional documentation from Step 2 to SpecialServicesPPW@PODS.com.

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](https://www.pods.com/my-pods)



Still have questions?
See our [Frequently Asked Questions](#) for further information.

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

1. OWNER OF HOUSEHOLD GOODS
(Last name, first, and middle) Your Name

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

8. FOREIGN ADDRESS Canada Address

EXAMPLE

9. LENGTH OF EMPLOYMENT Only if applicable

9. REASON FOR MOVING List reason

13. NATURE OF BUSINESS Only if applicable

NAME AND TELEPHONE OF COMPANY OFFICIAL
14. WHO CAN VERIFY ABOVE INFORMATION

NAME AND ADDRESS OF FREIGHT FORWARDERS,
15. PACKERS AND SHIPPING AGENTS

SHIPMENT ITINERARY
16. PACKERS AND SHIPPING AGENTS

17. CERTIFICATION A. Authorization Agent B. Importer (check one)

18. SIGNATURE Your Signature

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



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 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. The obligation to respond to this information collection is mandatory to obtain benefits. If you have any comments regarding the burden estimate you can write to CBP PRA Officer, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE., Washington DC 20002.

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.)

IMPORTER'S NAME (Last, first and middle initial)		IMPORTER'S DATE OF BIRTH	IMPORTER'S DATE OF ARRIVAL
IMPORTER'S U.S. ADDRESS		IMPORTER'S PORT OF ARRIVAL	
NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)		NAME OF TRAVELING VESSEL CARRIER AND FLIGHT/TRAIN	

EXAMPLE

THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	DATE	NAME OF VESSEL/CARRIER	FROM (Country)	B/L OR AWB OR I.T. NO.
		PODS Enterprises, LLC		
NUMBER AND KINDS OF CONTAINERS		MARKS AND NUMBERS		

PART II -- TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONNEL AND EVACUEES

RESIDENCY ("X" appropriate box)
I declare that my place of residence abroad is was

NAME OF COUNTRY: _____ LENGTH OF TIME: _____ Yr. _____ Mo.

C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One)
 (1) Returning resident of the U.S. (2) Nonresident: a. Emigrating to the U.S. b. Visiting the U.S.

STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES. I the undersigned further declare that ("X" all applicable items and submit packing list) :

- | | |
|--|--|
| <p>A. Applicable to RESIDENT and NONRESIDENT</p> <p><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)</p> <p><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)</p> | <p>C. Applicable to NONRESIDENT ONLY</p> <p><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)</p> <p><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)</p> |
| <p>B. Applicable to RESIDENT ONLY</p> <p><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)</p> | |

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.

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.)

- | | | | |
|--|--|---|---|
| <p>A. For U.S. Personnel, Evacuees, Residents and Non-Residents</p> <p><input type="checkbox"/> (1) Articles for the account of other person.</p> <p><input type="checkbox"/> (3) Firearms and/or ammunition.</p> <p><input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.</p> | <p><input type="checkbox"/> (2) Articles for sale or commercial use.</p> <p><input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.</p> <p><input type="checkbox"/> (6) Fish, wildlife, animal products thereof.</p> | <p>B. For Residents and Non-Residents ONLY</p> <p><input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year.</p> <p><input type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.</p> | <p>C. For Resident ONLY</p> <p><input type="checkbox"/> (9) Personal effects acquired abroad.</p> <p><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</p> <p><input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.</p> |
|--|--|---|---|

**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: <i>State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.</i>

EXAMPLE

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), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

NAME OF CARRIER	SIGNATURE OF AGENT (Print and sign LAST, FIRST, M.I.) _____ Date
Sign _____	

PART VI -- CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY

I, the undersigned, certify that this declaration is correct and complete.

"X" One

A. Authorized Agent* (From facts obtained from the importer) B. Importer

SIGNATURE (Sign in ink)	DATE
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**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)	SIGNATURE OF CBP OFFICIAL (Sign in ink)	DATE
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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

**INWARD CARGO MANIFEST FOR VESSEL UNDER
FIVE TONS, FERRY, TRAIN, CAR, VEHICLE, ETC.**

(INSTRUCTIONS ON
REVERSE)

19 CFR 123.4, 123.7, 123.61

CBP Manifest/In Bond Number

Page No.

1. Name or Number and Description of Importing Conveyance PODS Enterprises, LLC		2. Name of Master or Person in Charge Your Name		
3. Name and Address of Owner Your address		4. Foreign Port of Lading Your port of entry	5. U.S. Port of Destination Your destination	
6. Port of Arrival		7. Date of Arrival Date		

Column No. 1	Column No. 2	Column No. 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 Consignee	For Use By CBP only
100 boxes	Container #	Household goods	Your name	
Furniture	Container #	Household goods	Your name	
<h1>EXAMPLE</h1>				

CARRIER'S CERTIFICATE

To the Port Director of CBP, Port of Arrival:
The undersigned carrier hereby certifies that Your name of Country
is the owner or consignee of such articles within the purview of section 484, Tariff Act of 1930.

I certify that this manifest is correct and true to the best of my knowledge.

Date _____ Date _____ Master or Person in charge _____
(Signature)

**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.

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](#)



Moving & Storage



PODS HOUSEHOLD GOODS INVENTORY LIST

For Use: Moving from Canada to USA

For Presentation to: US Customs

Customer Name	Address
PODS® 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
<h1>EXAMPLE</h1>	

Signature of Importer _____

Date _____

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

