

### 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. 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 before you can schedule your container for transit. Please note that all scheduled 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)
- Declaration for Free Entry of Unaccompanied Articles (CBP Form 3299)
- Inward Cargo Manifest for Vessel Under Five Tons, Ferry, Train, Car, Vehicle, Etc. (CBP Form 7533)
- Household Goods Inventory List (Inventory List)
- 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.).
- 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.



### Step 3

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 Gypsy Moth and Spotted Lanternfly Form. This form is available on

MyPODS.com

# 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

The Section of Section Control of the Control of Section Control of Se	
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	
	2 L NGT O 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	
TO THE PART OF THE	
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



# CBP FORM 3299 EXAMPLE DOWNLOAD FORM HERE

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

## DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

FORM APPROVED OMB NO. 1651-0014 Exp. 06-30-2016

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. 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.

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PART I TO BE COMPLETED BY ALL assistance. REMEMBERAll of you							
		Joor to Vormoune			1		
I. IMPORTER'S NAME (Last, first and middle)     Your Name			2. IMPORTER'S DATE OF BIRTH 3. IMPORTER'S DATE OF ARRIV Border cross date				
4. IMPORTER'S U.S. ADDRESS			5. IMPORTER'S PO	ORT OF ARRIVAL	re cr	ossing throu	ah
U.S. destination addres	SS						3**
			6. NAME OF ARRIV	VING VESSEL CAR model of ca	RIER ANI ar w/l:	DFLIGHT/TRAIN icense plate	#
7. NAME(S) OF ACCOMPANYING HOU	SEHOLD MEMBERS	(wife, husband,	minor children, etc.)				
All household members							
8. THE ARTICLES FOR WHICH	A. DATE	B. NAME OF	VESSEL/CARRIER	C. FROM (Country	v)	D. B/L OR AWB O	R I.T. NO.
FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY	Date		erprises, LLC	Canada	,		
E. NUMBER AND KINDS OF CONTAINI	De .	E MARKS AN	ID NILIMBERO	1		<u></u>	
		F. MARKS AN		,			
Total number of contai	ners	List of	all containe	r numbers			
							-200737 - 4
PART II TO BE COMPLETED BY ALL	PERSONS EXCEPT	U.S. PERSONN					
RESIDENCY ("X" appropriate box)  I declare that my place of residence of	proad 🗌 is 🗆	was	A. NAME OF COU	NTRY	B. LEN	IGTH OF TIME	Mo
C. RESIDENCY STATUS UPON MY/OU		,	<u> </u>			Yr.	Mo.
(1) Returning resident of the	(2) onresid	<b>.</b> .	E igratin to i	e U.S.	Пь	Visiting the U.S.	
10. STATEMENT(S) OF ELIGIBILITY EQ		R CLES		0.0.		Visiting the O.O.	
10. STATEMENT(S) OF ELIGIBILITY FOR It the undersigned further declared that	(X" all a licable i f	os disumi pa	kir lis .				
A. Applicable to RESIDENT and NONE	RESIDENT			NRESID NT ONL			
(1) All household effects acquired an were used abroad for at least one	vear by me or my fam	iry is <del>so</del> u <del>gn</del> t —				which free entry is s me or my family in a	
household of which I or my family	was a resident memb	er during such	household of	f which I or my famil	y was a re	esident member duri	ng
period of use, and are not intende (9804.00.05, HTSUSA)	d for any other person	or for sale.		of use, and are not i 00.05, HTSUSA)	ntended fo	or any other person	or for
(2) All instruments, implements, or to	ols of trade, occupatio	n or employmen		. ,	other me	ans of conveyance I	being
and all professional books for whice abroad by me or for my account of used them abroad. (9804.00.10,98	r I am an emigrant wh		carriage of a		riate to m	ny family and such in ny personal use of th	
B. Applicable to RESIDENT ONLY							
All personal effects for which free ent me or for my account. (9804.00.45, H	ry is sought were take TSUSA)	en abroad by					
PART III TO BE COMPLETED BY U.S	. PERSONNEL AND	EVACUEES ON	LY				
I, the undersigned, the owner, importer,							
were in direct personal possession of the	importer, or of a men	nber of the impo	rter's family residing w	ith the importer, whi	le abroad,	and that they were	imported
into the United States because of the te station outside the United States and the	e CBP Territory of the	e United States.	or because of Govern	ment orders or insti	ructions e	vacuating the impor	a post or ter to the
United States; and that they are not imp	orted for sale or for the	ne account of ar	ny other person and th	nat they do not inclu	ıde any al	Icoholic beverages	or cigars.
Free entry for these effects is claimed un	der Subheading No. 9	805.00.50, Harn					
DATE OF IMPORTER'S LAST DEPAR	RTURE FROM THE U	.S.	2. A COPY OF THE I		EL ORDE	ERS IS ATTACHED	AND
			1112 01122110 111	L. 12 1000 LD 0111			
PART IV TO BE COMPLETED BY AL							
requirements and must be specifica	,		,			the reverse.)	
A. For U.S. Personnel, Evacuees, Resi			For Residents and I				
(1) Articles for the account of other person.	<ol><li>Articles for sale or commercial use.</li></ol>		<ul><li>(7) Foreign household acquired abroad and than one year.</li></ul>		acqu	ign household effect iired abroad and use one year.	
(3) Firearms and/or ammunition.	<ul><li>(4) Alcoholic articles of types or tobacco;</li></ul>		For Resident ONLY		ti icil i	joui.	
	(6) Fish, wildlife, anim	nai 😑 '	9) Personal effects a	•			
meats, or birds.	products thereof.	[_] (1				ates and taken abroa was previously decla	
		<u></u> (1	CBP, 1) Articles taken abro	ad for which alteration	ons or rep	pairs were performed	i abroad.

# CBP FORM 3299 EXAMPLE (CONTINUED)

D. LIST OF ARTICLES					
(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESC	CRIPTION OF MERCHANDISE	(3) VALUE OF COST OF REPAIRS	` TRIP: State	MERCHANDISE TAKEN ABROAD THIS where in the U.S. the foreign merchandis ed or when and where it was previously CBP.
		XAN	<b>AD</b>		<b>-</b>
					<b>-</b>
PART V CARRIER'S CERT	TIFICATE AND	PELFASE ORDER		Start to an analysis to a top to select	
The undersigned carrier, to what is, is the owner or consignee of	hom of upon who of such articles v		), Tariff Act of 1930.		certifies that the person named in Part I,
NAME OF CARRIER	01 5501101	I), Talli Act or 1000, 222	2. SIGNATURE O		
CARTINI - CERTIFICATION	TO BE COMPL	LETED BY ALL PERSONS SEEKIN	TO EDEE ENTRY	(A) 1/2 1/4 1/4 (1/4/14/14/14/14/14/14/14/14/14/14/14/14/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I, the undersigned, certify that			IG PREC ENTIR.		
1. "X" One		_			
A. Authorized Agent* (F	-rom facts obtain	ined from the importer)	B. Importer	3. DATE	
Z. SIGNATORE			!	3. DAIL	
*An Authorized Agent is defined declaration (see 19 CFR 141.1	d as a person w 19, 141.32, 141	ho has actual knowledge of the fac .33).	ts and who is specific	cally empowered u	under a power of attorney to execute this
PART VII CBP USI (Inspected and Rele		1. SIGNATURE OF CBP OFFICIA	AL		2. DATE

# 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.

CBP Manifest/In Bond Number

(INSTRUCTIONS ON	FIVE	IONO, FERRI, IRA	IN, CAR, VE	TICLE, ETC.	1		
REVERSE) 19 CFR 123.4, 123.7, 123.61					Page No.		
1. Name or Number and I	Description of Impo	2. Name of Master or Person in Charge					
PODS Enterprises, L	LC		Your Name				
Name and Address of Owner     Your address			1 -			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	1	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 k Packages and Description		Name of Consig	nee	For Use By CBP only	
100 boxes	Container #	Household goods		Your name			
Furniture	Container #	Household goods	•••••••••••••••••••••••••••••••••••••••	Your name	••••		
		XAN			ı		
			VII		•		
		CARRIER'S C	ERTIFICATE				
To the Port Director of	of CBP, Port of	Arrival:					
The undersigned carr	ier hereby cert	ifies that Your name		of _	Country		
is the owner or consig	gnee of such ar	ticles within the purview of	section 484, T	ariff Act of 1930.			
I certify that	tthis manifest i	s correct and true to the be	st of my knowl	edge.			
Date	Date	Master or Person ir	charge				
					(Signature)		

Previous Editions are Obsolete

# 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.



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.





**Customer Name** 

Signature of Importer



### PODS HOUSEHOLD GOODS INVENTORY LIST

For Use:	Moving	from	Canada	to	USA
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For Presentation to: US Customs

PODS® Container Number(s)		
nstructions: List all duty free hou	isehold goods and pe	rsonal effects on this inventory form. This is mandatory essary (Items that will be liable for duty must be listed
orm 3299.)	is illariy payes as nee	essary (Items that will be hable for duty must be histed
Quantity		Description
		·
	/	
		<del>V I I L L </del>

**Address** 

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

# FORM 5291 EXAMPLE DOWNLOAD FORM HERE

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

Customs Form 5291 (10-07-80)

## **Customs Power of Attorney**

141.32.UK.		Social Security or Pass	oort Number	- Check Individual	☐ Individ☐ Partne☐ Corpor	rship	
KNOW ALL MEN	BY THESE PRESENTS: That	t,Full Name of PODS	Account Holder	r			
		(Full Name of	person, partne	ership, or corporation, or sole proprie	torship (Ide	ntify)	
a corporation doing t	business under the laws of the State of	of		or a			
doing business as _			residing at	Your present address			
	place of business at				ts each of th	e following persons	
		PODS Ente	erprises, LLC				
		(Give full name of e	ach agent desig	gnated)			
any merchandise delivera any merchandise delivera To make endorsements drawback, and to make, supplemental schedule, delivery, abstract of many exporter on drawback e regulation for drawback p certificate, abstract, deck district; To sign, seal, and delive connection with the entr without benefit of drawba any vessel or other mean	on bills of lading conferring authority to trar sign, declare, or swear to any statement, sur certificate of delivery, certificate of manufacturulacturing records, declaration of proprietor or only, or any other affidavit or document who purposes, regardless of whether such bill of ladiaration, or other affidavit or document is interest for and as the act of said grantor any bond by or withdrawal of imported merchandise or ick, or in connection with the entry, clearance, is of conveyance owned or operated by said grantor.	in sucrimerchandise, loneceive insfer title, make entry or collect oppemental statement, schedule, e, certificate of manufacture and in drawback entry, declaration of chimay be required by law or time, swom statement, schedule, ended for filling in any customs required by law or regulation in merchandise exported with or lading, unlading or navigation of	To authorize othics sued for Custor grantor is a nonre And generally to making, signing, or may be concer attorney, giving to necessary to be ratifying and confine foregoing pool to the foregoing pool of the foregoing.	nection will the entertaint periodin any act in nection will the entering clearing, lading, un ance owned or operated by said grantor; er Customs Brokers to act as grantor's ager ms duty refunds in grantor's name drawn on esident of the United States, to accept service transact at the customshouses in any district and filing of protests under section 514 of the med or interested and which may properly be o said agent and attormey full power and auth done in the premises as fully as said grant firming all that the said agent and attorney si wer of attorney to remain in full force and enotice of revocation in writing is duly given donor of this power of attorney is a partners at after the expiration of 2 years from the date	nt; to receive, e the Treasurer e of process on , any and all c transfact of 19 e transacted or or could do if p all lawfully do effect until the to and receive ship, the said p	endorse and collect checks of the United States; if the United States; if the United States; if the United States; if the United States; induding 230, in which said grantor is performed by an agent and hing whatever requisite and present and acting, hereby by virtue of these presents:  day of ed by a District Director of bower shall in no case have	
IN WITNESS WHER	EOF, the saidYour name						
Has caused these pr	resents to be sealed and signed: (Sign	nature) Your signature sign	ed in front of a no	otary 			
(Capacity) Notar	гу				_ (Date) _	Date	
WITNESS: Witne	ess Signature of the Notary						
				(Corporate seal)			