



**Hanseatic Moving Services LLC**  
15 Willet Street, Unit # 4  
Bloomfield, NJ 07003  
Tel. 1-201-420-6345  
Fax. 1-201-420-6348  
E-mail: [info@hanseatic-usa.com](mailto:info@hanseatic-usa.com)  
Internet: [www.hanseatic-usa.com](http://www.hanseatic-usa.com)

**REQUIRED USA CUSTOMS IMPORT DOCUMENTATION -  
FOR IMPORT CLEARANCE A.O.E. or P.O.E.  
U.S. PORTS OR INLAND TML. (OTHER) - NON-DIPLOMATIC**

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We kindly thank you for having chosen us for your relocation. This brochure contains the required documentation, which is needed to perform the customs clearance process of your shipment. In order to avoid any delays and / or additional charges, we kindly ask you to return this brochure (provided all documents are completed) to our office prior to your moving date/s.

To be returned to:       Hanseatic Moving Services LLC  
                                  Attn: (Name of your relocation coordinator)  
                                  15 Willet Street, Unit # 4  
                                  Bloomfield, NJ 07003

Should you require any further information, please do not hesitate to contact our office.

**DECLARATION FOR FREE ENTRY  
OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by the CBP. These regulations and forms apply to importers to ensure that they are complying with the law and to allow us to figure, collect, or refund the right amount of duty and tax. It is mandatory. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0014), Washington, DC 20503.

**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.)

1. IMPORTER'S NAME (Last, first and middle)		2. IMPORTER'S DATE OF BIRTH	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS		5. IMPORTER'S PORT OF ARRIVAL	
		6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN	
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.)			

8. THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B. NAME OF VESSEL/CARRIER	C. FROM (Country)	D. B/L OR AWB OR I.T. NO.
	E. NUMBER AND KINDS OF CONTAINERS		F. MARKS AND NUMBERS	

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

9. RESIDENCY ("X" appropriate box) I declare that my place of residence abroad <input type="checkbox"/> is <input type="checkbox"/> was	A. NAME OF COUNTRY	B. LENGTH OF TIME Yr. Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident:	<input type="checkbox"/> a. Emigrating to the U.S.	<input type="checkbox"/> b. Visiting the U.S.

10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES

I the undersigned further declare that ("X" all applicable items and submit packing list):

**A. Applicable to RESIDENT AND NONRESIDENT**

- (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)
- (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)

**B. Applicable to RESIDENT ONLY**

- All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)

**C. Applicable to NONRESIDENT ONLY**

- (1) All articles of apparel, personal adornment, toiletries and similar personal effects for which free entry is sought were actually owned by me and in the possession of myself, or those members of my family who accompanied me, at the time of departure to the United States and that they are appropriate and are intended for our personal use and not for any other person nor for sale. (9804.00.20 HTSUSA)
- (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)

**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.

1. 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:
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**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.)

**A. For U.S. Personnel, Evacuees, Residents and Non-Residents**

- (1) Articles for the account of other persons.
- (2) Articles for sale or commercial use.
- (3) Firearms and/or ammunition.
- (4) Alcoholic articles of all types or tobacco products.
- (5) Fruits, plants, seeds, meats, or birds.
- (6) Fish, wildlife, animal products thereof.

**B. For Residents and Non-Residents ONLY**

- (7) Foreign household effects acquired abroad and used less than one year.
- (8) Foreign household effects acquired abroad and used more than one year.

**C. For Resident ONLY**

- (9) Personal effects acquired abroad.
- (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.
- (11) Articles taken abroad for which alterations or repairs were performed abroad.

**D. LIST OF ARTICLES**

(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OR 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>

**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 the provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) <span style="float: right;">Date</span>
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**PART VI -- CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY**

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

1. "X" One <input type="checkbox"/> A. Authorized Agent* (From facts obtained from the importer) <input type="checkbox"/> B. Importer		2. SIGNATURE <span style="float: right;">3. DATE</span>
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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).

<b>PART VII -- CBP USE ONLY</b> (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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# Instructions for completing U.S. Customs Form 3299

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## **PART I** - (Note : Box numbers 1-7 must be completed)

1. Full name (as it appears on passport)
2. Date of birth
3. Date of arrival in the United States (your U.S. Custom Form 3299 is not valid until you arrive in the U.S.)
4. Address and Telephone Number in the U.S. (Note: No P.O. Box numbers)
5. Name of airport city where you cleared customs in the U.S.
6. Name of airline and flight number on which you entered the U.S.
7. Names of accompanying family members
8. Leave blank (A-F)

## **PART II**

9. Check appropriate box
  - A. Indicate country abroad where you last resided
  - B. Total length of time resided out of the U.S.
  - C. Check one
10. Check appropriate boxes applying to the content of your shipment (Note: If you are a resident of the U.S., write your Social Security and U.S. Passport numbers. If you are a non-resident, indicate your passport and visa numbers with the type of visa in the appropriate area s.)

## **PART III** - Leave blank

## **PART IV** - Check the appropriate boxes, Pay special attention to the definitions of “household goods” and “personal effects” listed in the box to the right.

**Section A:** (Items 1-6) Check the items shown if they are contained in your shipment.

**Section B:** (Items 7-8) Check if foreign household effects are contained in your shipment.

**Section C:** (Items 9-11) For returning residents only. Check appropriate boxes.

**Section D:** If you check any items in Part IV, Sections A-C, please complete Items 1-4 as applicable. This list is only for items which are to be declared.

- Put 'as per written inventory/packing list'.  
Any furniture and/or personal items though purchased less than one year prior to departure should be listed. Include U.S. dollar equivalent paid and date of purchase.

## **PART V** - Leave blank

## **PART VI** - Check 1B, sign name under 2 and the date that the form was signed.

## **PART VII** - Leave blank

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### FREQUENTLY USED WORDS

**FOREIGN:** Not American

**HOUSEHOLD GOODS:**  
Furniture and other household items, excluding personal effects

**IMPORTER:** Yourself or consignee of the goods

**NON-RESIDENT:** Citizen from another country other than the United States

**PERSONAL EFFECTS:**  
Clothing, jewelry, pictures, electronic items, vehicles, etc.

**RESIDENT:** American citizen

## IMPORTANT

- A copy of the picture page of owner's passport and visa are required by U.S. Customs.
- Some states prohibit the Importation of alcohol.  
Check with your move coordinator before packing.

Department of the Treasury  
U.S. Customs Service  
New York Region  
New York, N.Y. 10048

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED  
PERSONAL AND HOUSEHOLD EFFECTS

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1. Owner of Household Goods \_\_\_\_\_  
(Last Name, First & Middle)
2. Date of Birth \_\_\_\_\_
3. Citizenship \_\_\_\_\_
4. Passport Information \_\_\_\_\_  
(Country & Number)
5. Social Security Number \_\_\_\_\_
6. Resident Alien Number \_\_\_\_\_
7. U.S Address \_\_\_\_\_
8. Foreign Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Reason For Moving \_\_\_\_\_  
\_\_\_\_\_
10. Employer \_\_\_\_\_  
\_\_\_\_\_
11. Position with the Company \_\_\_\_\_
12. Length of Employment \_\_\_\_\_
13. Nature of the Business \_\_\_\_\_  
\_\_\_\_\_
14. Name and telephone number of a company official who can verify the above information  
\_\_\_\_\_  
\_\_\_\_\_
15. Name and address of freight forwarders, packers and shipping agents  
\_\_\_\_\_  
\_\_\_\_\_
16. Shipment itinerary (specific place of loading and intermediate ports)  
\_\_\_\_\_  
\_\_\_\_\_
17. Certification (circle one)      A. Authorized Agent      B. Importer
18. Signature \_\_\_\_\_

# Instructions for the Dept. of Treasury Supplemental Declaration Form

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**Numbers 1-14:** — Must be completed by you and should be self-explanatory.

**Numbers 15 - 16:** — Leave Blank

**Number 17:** — Circle Importer

**Number 18:** — Your Signature

*This form must be submitted with your U.S. 3299 Custom Form*

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See back of form for Paperwork Reduction Act Notice.

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

**IMPORTER ID INPUT RECORD**

19 CFR 24.5

1. TYPE OF ACTION (Mark all applicable)

- Notification of importer's number       Change of address\*
- Change of name\*       Check here if you also want your address updated in the Fines, Penalties, and Forfeitures Office

\*NOTE--If a continuous bond is on file, a rider must accompany this change document.

2. IMPORTER NUMBER (Fill in one format):--

2A. I.R.S. Number	2B. Social Security Number

2C.  Check here if requesting a CBP-assigned number and indicate reason(s). (Check all that apply.)       I have no IRS No.       I have no Social Security No.       I have not applied for either number.       I am not a U.S. resident

2D. CBP-Assigned Number

3. Importer Name

4. DIV/AKA/DBA <input type="checkbox"/> DIV <input type="checkbox"/> AKA <input type="checkbox"/> DBA	5. DIV/AKA/DBA Name

6. Type

- Corporation    Partnership    Sole Proprietorship    Individual    U.S. Government    State/Local Governments    Foreign Governments

7. Importer Mailing Address (2 32-character lines maximum)

8. City      9. State Code      10. ZIP

11. Country ISO Code (Non-U.S. Only)

12. Importer Physical Location Address (2 32-character lines maximum, see instructions)

13. City      14. State Code      15. ZIP

16. Country ISO Code (Non-U.S. Only)

17a. Has importer ever been assigned a CBP Importer Number using the same name as in Block 3?  
 No    Yes (List number(s) and/or name(s) in Block 17c.)

17b. Has importer ever been assigned a CBP Importer Number using a name different from that in Block 3?  
 No    Yes (List number(s) and/or name(s) in Block 17c.)

17c. If "Yes" to 17a and/or 17b, list number(s) and/or name(s)

I CERTIFY: That the information presented herein is correct; that if my Social Security Number is used it is because I have no IRS Employer Number, that if my CBP assigned number is used it is because I have neither a Social Security Number nor an IRS Employer Number, that if none of these numbers is used, it is because I have none, and my signature constitutes a request for assignment of a number by CBP.	18. Printed or Typed Name and Title	19. Telephone No. Including Area Code
	20. Signature <b>X</b>	21. Date

22. Broker Use Only

**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 1651-0064. The estimated average time to complete this application is 15 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.

**PRIVACY ACT STATEMENT:** Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974, notice is hereby given that 19 CFR 24.5 authorizes the disclosure of Social Security numbers (SSN) on the CBP Form 5106. The principal purpose for disclosure of the Social Security number is to assure maintenance of records that have a high degree of usefulness in regulatory investigations or proceedings. The information collected may be provided to those officers and employees of the CBP and any constituent unit of the Department of the Homeland Security who have a need for the records in the performance of their duties. The records may be referred to any department or agency of the federal government upon the request of the head of such department or agency. The authority to collect the SSN is 31 CFR 103.25. The SSN will be used to identify the individuals conducting business with the CBP.

**BLOCK 1 - TYPE OF ACTION**

*Notification of Importer's Number - Check this box if you are a first time importer, using an importer number for the first time, or if you have not engaged in CBP business within the last year.*

*Change of Name - Check this box if this importer number is on file but there is a change in the name on file.*

*Change of Address - Check this box if this importer number is on file but there is a change in the address on file.*

**BLOCK 2 - IMPORTER**

**2A -IRS Number - Complete this block if you are assigned an Internal Revenue Service employer identification number.**

**2B -Social Security Number - Complete this block if no Internal Revenue Service employer identification number has been assigned. The Social Security number should belong to the principal or owner of the company or the individual who represents the importer of record.**

**2C -Requesting a CBP Assigned Number - Complete this block if no Internal Revenue Service employer identification number has been assigned, or no Social Security number has been assigned. If this box is checked, all corresponding boxes in 2C must also be marked. PLEASE NOTE. A CBP Assigned Number is for CBP use **only** and does not replace a Social Security number or Internal Revenue Service employer identification number. In general, a CBP Assigned Number will only be issued to foreign businesses or individuals, provided no IRS or Social Security number exists for the applicant. If Block 2C is completed, this form must be submitted in duplicate. CBP will issue an Assigned Number and return a copy of the completed form with the Assigned Number to the requester. This identification number will be used for all future CBP transactions when an importer number is required. If an Internal Revenue Service employer identification number and/or a Social Security number are obtained after an importer number has been assigned by CBP, the importer will continue to use the assigned number unless otherwise instructed.**

**2D -CBP Assigned Number - Complete this block if you are assigned a CBP Assigned Number but there is an Action change (Block 1).**

**BLOCK 3 - IMPORTER NAME**

If the name is an individual, input the last name first, first name, and middle initial. Business names should be input first name first.

**BLOCK 4 - DIV/AKA/DBA**

Complete this block if an importer is a division of another company (DIV), is also known under another name (AKA), or conducts business under another name (DBA).

**BLOCK 5 - DIV/AKA/DBA NAME**

Complete this block only if Block 4 is used.

**BLOCK 6 - TYPE OF COMPANY**

Check applicable box. *Please Note:* Place an \*X\* after U.S. Gov't **only** for a U.S. federal government department, agency, bureau or office. All federal agencies are assigned I.R.S. numbers which should be used for any CBP transactions by that agency.

**BLOCK 7 - IMPORTER MAILING ADDRESS**

This block must always be completed. It may or may not be the importer's business address. Insert a post office box number, or a street number representing the first line of the importer's mailing address (up to 32 characters). For a U.S. or Canadian mailing address, additional mailing address information may be inserted (up to 32 characters). If a P.O. box number is given for the mailing address, a second address (physical location) must be provided in Block 12.

**BLOCK 8 - CITY**

Insert the city name of the importees mailing address.

**BLOCK 9 - STATE**

For a U.S. mailing address, insert a valid 2-position alphabetic U.S. state postal code (see list below). For a Canadian mailing address, insert a 2-character alphabetic code representing the province of the importer's mailing address (see list below).

**BLOCK 10 - ZIP CODE**

For a U.S. mailing address, insert a 5 or 9 digit numeric ZIP code as established by the U.S. Postal Service. For a Canadian mailing address, insert a Canadian postal routing code. For a Mexican mailing address, leave blank. For all other foreign mailing addresses, a postal routing code may be inserted.

**BLOCK 11 -COUNTRY ISO CODE**

For a U.S. mailing address, leave blank. For any foreign mailing address, including Canada and Mexico, insert a 2 character alphabetic International Standards Organization (ISO) code representing the country. Please Note: Valid ISO codes may be found in Annex B of the Harmonized Tariff Schedule of the United States; Customs Directive 099 5610-002, "Standard Guidelines for the Input of Names and Addresses into ACS Files"; or CBP Form 7501 Instructions".

**BLOCK 12 - SECOND IMPORTER ADDRESS**

If the importer's place of business is the same as the mailing address, leave blank. If different from the mailing address, insert the importer's business address in this space. A second address representing the importer's place of business is to be provided if the mailing address is a post office box or drawer.

**BLOCK 13 - CITY**

Insert the city name for the importer's business address.

**BLOCK 14 - STATE**

For a U.S. address, insert a 2 character alphabetic U.S. state postal code (see list below). For a Canadian address, insert a 2 character alphabetic code representing the province of the importer's business address (see list below).

**BLOCK 15 - ZIP CODE**

For a U.S. business address, insert a 5 or 9 digit numeric ZIP code as established by the U.S. Postal Service. For a Canadian address, insert a Canadian postal routing code. For a Mexican address, leave blank. For all other foreign addresses, postal routing code may be inserted.

**BLOCK 16 - COUNTRY ISO CODE**

For a U.S. address, leave blank. For any foreign address, including Canada and Mexico, insert a 2 character alphabetic ISO code representing the country.

**BLOCK 17 - PREVIOUSLY ASSIGNED CUSTOMS IMPORTER NUMBER**

Indicate whether or not importer has previously been assigned a CBP Importer Number under the same name or a different name. If "Yes" to either question, list name(s) and/or number(s) in Block 17c.

OFFICIAL UNITED STATES POSTAL SERVICE  
TWO-LETTER STATE AND POSSESSION ABBREVIATIONS

AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
AS	American Samoa	NJ	New Jersey
CA	California	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	Distric of Columbia	MP	Northern Mariana Islands
FM	Federated States of Micronesia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PW	Palau
HI	Hawaii	PA	Pennsylvania
ID	Idaho	PR	Puerto Rico
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IA	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MH	Marshall Islands	VA	Virginia
MD	Maryland	VI	Virgin Islands
MA	Massachusetts	WA	Washington
MI	Michigan	WV	West Virginia
MN	Minnesota	WI	Wisconsin
MS	Mississippi	WY	Wyoming
MO	Missouri		

OFFICIAL TWO-LETTER CANADIAN PROVINCE CODES

AB	Alberta	NS	Nova Scotia
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edward Island
NB	New Brunswick	QC	Quebec
NL	Newfoundland (Incl. Labrador)	SK	Saskatchewan
NT	Northwest Territories	YT	Yukon Territory



# Instructions for the CBP Form 5106 - IMPORTER ID INPUT RECORD -

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## **Form 5106 – Foreigner (non-US Citizen or non-US Resident):**

**Numbers 1.-to-2D.:** — Leave Blank

**Number 3.:** — Please put your complete Name (First; Surname) as listed in your passport

**Numbers 4.-to-6.:** — Leave Blank

**Numbers 7.-to-10.:** — Please put your complete US Address (Street, City, State Code, Zip Code)

**Number 11.:** — Leave Blank

**Numbers 12.-to-16.:** — Please put your complete Foreign Address  
(Street, City, State Code, Zip Code, Country ISO Code)

**Numbers 17a.-to-17c.:** — Leave Blank

**Number 18.:** — Please put your complete Name (First; Surname) as listed in your passport

**Number 19.:** — Leave Blank

**Number 20.:** — Please place your electronic signature

**Numbers 21.-to-22.:** — Leave Blank

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**or**

# Instructions for the CBP Form 5106 - IMPORTER ID INPUT RECORD -

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## **Form 5106 – Returning US Citizen or returning permanent US Resident):**

**Numbers 1.-to-2A.:** — Leave Blank

**Number 2B.:** — Please put your Social Security Number as listed on your S.S. card

**Numbers 2C.-to-2D.:** — Leave Blank

**Number 3.:** — Please put your complete Name (First; Surname) as listed in your passport

**Numbers 4.-to-6.:** — Leave Blank

**Numbers 7.-to-10.:** — Please put your complete US Address (Street, City, State Code, Zip Code)

**Number 11.:** — Leave Blank

**Numbers 12.-to-16.:** — Please put your complete Foreign Address  
(Street, City, State Code, Zip Code, Country ISO Code)

**Numbers 17a.-to-17c.:** — Leave Blank

**Number 18.:** — Please put your complete Name (First; Surname) as listed in your passport

**Number 19.:** — Leave Blank

**Number 20.:** — Please place your electronic signature

**Numbers 21.-to-22.:** — Leave Blank

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**Customs Power of Attorney  
And Acknowledgement of Terms and Conditions of Service**

IRS Number: \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_

Know all men by these presents: that, \_\_\_\_\_ doing business as a  Individual,  Partnership,  Corporation,  Sole Proprietorship,  Limited Liability Co, under the laws of the state of \_\_\_\_\_, residing or having a principal place of business at: \_\_\_\_\_, hereby constitutes and appoints

Janel Group Inc., its officers, employees, and/or specifically authorized agents, to act for and on its behalf as a true and lawful agent and attorney of the grantor for and in the name, place and stead of said grantor, from this date, in the United States (the "territory") either in writing, electronically, or by other authorized means, to: Make, endorse, sign, declare, or swear to any Customs entry, withdrawal, declaration, certificate, bill of lading, carnet or any other documents required by law or regulation in connection with the importation, exportation, transportation, of any merchandise in or through the Customs territory, shipped or consigned by or to said grantor;

Perform any act or condition which may be required by law or regulation in connection with such merchandise deliverable to said grantor; to receive any merchandise; Make endorsements on bills of lading conferring authority to transfer title; make entry or collect drawback; and to make, sign, declare, or swear to any statement or certificate required by law or regulation for drawback purposes, regardless of whether such document is intended for filing with Customs;

Sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unloading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owner's declarations provided for in section 485, Tariff Act of 1930, as amended, or affidavits or statements in connection with the entry of merchandise;

Sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, landing, unloading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

Authorize other Customs Brokers duly licensed within the territory to act as grantor's agent; to receive, endorse and collect checks issued for Customs duty refunds in grantor's name drawn on the Treasurer of the United States; if the grantor is a non-resident of the United States, to accept service of process on behalf of the grantor;

As a true and lawful agent and attorney of the Grantor named above for and in the name, place and stead of said Grantor from this date in all Customs Districts and in no other name, to transmit the required Importer Security Filing ("ISF") data elements to CBP through an approved Automated Manifest Electronic Data System or Automated Broker Interface System ("AMS or ABI"). We further authorize Grantee to update all filings, as necessary.

Grantor hereby agrees that it shall be solely responsible for the accurate and complete delivery of data to Grantee sufficiently in advance of the time of filing and that Grantor shall bear primary responsibility for the accuracy of all ISF data. Grantee may, in its sole discretion, refuse to transmit ISF data received untimely from Grantor. Grantor hereby indemnifies and holds Grantee harmless from any and all penalty or liquidated damage claims relating to the ISF data.

Grantor acknowledges that all acts undertaken or services provided by Grantee on behalf of Grantor or in furtherance of Grantor's business, shall be governed by Grantee's terms and conditions, a copy of the terms initially in effect on the date that this power is granted is hereby acknowledged and the terms of which are incorporated herein by reference and which terms may be subsequently modified by inclusion with or on Grantee's invoices to Grantor, or upon other written notice.

And generally to transact customs business, including filing of claims or protests under section 514 of the Tariff Act of 1930, or pursuant to other laws of the territories, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney;

Giving to said agent and attorney full power and authority to do anything whatever requisite necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents;

This power of attorney to remain in full force and effect until revocation in writing is duly given to and received by grantee (if the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect in the United States after expiration 2 years from the dates of its execution);

Grantor acknowledges receipt of Janel's terms and conditions of service governing all transactions between the parties.

If the Grantor is a Limited Liability Company, the signatory certifies that he/she has full authority to execute this power on behalf of the Grantor

**3RD PARTY INFORMATION RELEASE STATEMENT:**

Freight forwarder or non-licensed third (3rd) party service provider shall notify the grantor of the name of any Customs Broker(s) designated hereunder; by executing this power of attorney, the grantor acknowledges that all fees and expenses of the designated Customs Broker(s) shall be billed and collected by Freight forwarder or non-licensed third (3rd) party service provider and the grantor waives any requirement of an invoice or statement of the brokerage charges under 19 C.F.R. 111.36; nothing here in shall be construed as preventing the grantor from directly communicating with the designated Customs Broker(s).

IN WITNESS WHEREOF, the said \_\_\_\_\_ caused these present to be sealed and signed:

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (If required): \_\_\_\_\_ Name: \_\_\_\_\_

**METHOD OF PAYMENT ADVISORY STATEMENT:**

If you are the importer of record, payment to the broker will not relieve you of the liability for U.S. Customs charges (duties, taxes or other debts owed customs) in the event the charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payable to the "U.S. Customs and Border Protection" which shall be delivered to Customs by the broker. Importers who wish to utilize this procedure must contact our office to arrange timely receipt of duty checks. You must notify Janel Group in advance if you elect to make payment with a check made payable to the Bureau of Customs and Border Protection.

# Instructions for the U.S. Customs Power of Attorney Form 5291

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**STEP 1** — Print or type your name and social security number on the first line.

**STEP 2** — Sign your name on the line next to (signature).

**STEP 3** — Put the date when the form was signed on the line next to the word “date.”

*NOTE: This form gives **Hanseatic Moving Services LLC** and its agent the authority to clear your personal effects and household goods through U.S. Customs without your presence.*

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