## SENTRI APPLICATION FORM

### **INSTRUCTIONS:**

- 1. Please complete one SENTRI application form per person. Complete the address and employment fields for the last five years in full, leaving NO gaps (including when unemployed or student)
- 2. Make sure you have entered your identity documents data correctly. You may attach clear copies of your identity and citizenship documents if you wish (driver licence, passport, PR card).
- 3. Send your entire completed package using one of the following methods: FAX application package to (305) 675-0780 OR SAVE application and email to **info@border-crossing.com**

Please note: We do not accept postal applications. We cannot process your application if you have not paid our service fee. You can pay it here.

### **DISCLAIMER**

By submitting an application and paying our service fee, I agree to the following:

- 1. Please sign that you understand that the website **www.border-crossing.com** is not part of a government agency but a private company; that you have read our <u>Terms and Conditions</u>, <u>Refund Policy</u> and <u>Privacy Policy</u> and agree with them; that you buy our services voluntarily.
- 2. SENTRI card will cost you \$119.95 for service fee plus \$25 government fee for background and security checks. You need to pay the first fee through CCBill to start this process. Once your application is submitted, we will provide you access to your profile in the GOES system and you'll be able to pay the government fee (\$25).
- 3. www.border-crossing.com is not responsible for applicants who are denied by CBP and will not refund the fees paid.
- 4. I understand I am using www.border-crossing.com to apply for my SENTRI card and I agree to the <u>Terms and Conditions</u>, <u>Refund Policy</u> and <u>Privacy Policy</u> section of their website www.border-crossing.com

		<u> </u>
PRINT NAME	DATE:	

# **PERSONAL INFORMATION**

Please enter all information exactly as it appears in your passport

LAST NAME	FIRST NAME
MIDDLE NAME	OTHER NAME
DATE OF BIRTH yyyy/mm/dd	GENDER MALE FEMALE
COUNTRY OF BIRTH	HEIGHT EYE COLOR
CITY OF BIRTH	STATE/PROVINCE OF BIRTH
CONTAC	T DETAILS
PRIMARY PHONE #	EMAIL ADDRESS
CITIZENSHIP	& NATIONALITY
YOU ARE A: US CITIZEN CANADIAN CITIZEN	US PERMANENT RESIDENT
PASSPORT NUMBER	COUNTRY OF ISSUANCE
DATE OF EXPIRY yyyy/mm/dd	
NAME ON PASSPORT	
VISA OR PR CARD NUMBER	TYPE OF DOCUMENT:
DATE OF EXPIRY yyyy/mm/dd	COUNTRY OF ISSUANCE
NAME ON VISA OR PR CARD	
DRIVER'S LICEN	ICE INFORMATION
DRIVER'S LICENCE NUMBER	DATE OF EXPIRY yyyy/mm/dd
EXACT NAME ON LICENCE	CHECK HERE IF THIS IS AN ENHANCED DRIVERS LICENCE /EDL/
COUNTRY OF ISSUANCE	STATE/PROVINCE OF ISSUANCE
CHECK HERE IF THIS IS A COMMERCIAL DRIVERS LICENCE /CDL/	CHECK HERE IF THERE IS HAZMAT ENDORSEMENT ON THE CDL

# **ADDRESS HISTORY FOR THE LAST 5 YEARS**

STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	TO PRESENT
STATE/PROVINCE POSTAL/ZIP CODE	
MAILING ADDRESS / if different to your current address/	
STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	TO PRESENT
STATE/PROVINCE POSTAL/ZIP CODE	
	-
STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	то үүүү/мм
STATE/PROVINCE	
STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	то үүүү/мм
STATE/PROVINCE	,
STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	то үүүү/мм
STATE/PROVINCE	
STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	то үүүү/мм
STATE/PROVINCE	

EMAIL: info@border-crossing.com

## **EMPLOYMENT HISTORY FOR THE LAST 5 YEARS**

EMPLOYMENT STATUS		FROM YYYY/MM		TO PRESENT
JOB TITLE		CURRENT EMPLOYE	:R	
STREET NUMBER	STREET NAME		EMPLOYER'S PHONE	
CITY	COUNTRY	STATE/PRO	OVINCE	POSTAL/ZIP CODE
EMPLOYMENT STATUS		FROM YYYY/MM	TO YYY	YY/MM
JOB TITLE		EMPLOYER		
STREET NUMBER	STREET NAME		EMPLOYER'S PHONE	
CITY	COUNTRY	STATE/PRO	DVINCE	POSTAL/ZIP CODE
EMPLOYMENT STATUS		FROM YYYY/MM	TO YYY	YY/MM
JOB TITLE		EMPLOYER		
STREET NUMBER	STREET NAME	ı	EMPLOYER'S PHONE	
СІТУ	COUNTRY	STATE/PRO	OVINCE	POSTAL/ZIP CODE
EMPLOYMENT STATUS		FROM YYYY/MM	TO YYY	YY/MM
JOB TITLE		EMPLOYER		
STREET NUMBER	STREET NAME		EMPLOYER'S PHONE	
СІТУ	COUNTRY	STATE/PRO	DVINCE	POSTAL/ZIP CODE
Please list all the cou		<b>EL HISTORY</b> o in the last 5 yea	ırs besides Canada, U	JSA and Mexico.

www.border-crossing.com EMAIL: info@border-crossing.com FAX:(305) 675-0780

### **ADDITIONAL INFORMATION**

(Have you ever been convicted of a criminal offense (inclu	ıding misdemeanor or felony traffic vid	plations) in the USA or any other country?
NO YES		
(Have you ever received a waiver of inadmissibility to the	USA from a US government agency?	
NO YES		
Have you ever been in violation of US customs laws?		
NO YES		
Have you ever been found in violation of immigration law	/s?	
NO YES		
IF YOU HAVE ANSWERED YES TO ANY OF	THE ABOVE QUESTIONS PLEASE G	IVE EXACT DETAILS BELOW:
MEXICAN	CITIZENS MUST PROVI	DE:
U.S. CONTACT		
FULL NAME		
AS OF DATE: YYYY/MM	STATE	
STREET ADDRESS		ZIP CODE
CITY	PHONE NUMBER	
GOVER	NMENT FEE PAYMENT	
Your card details are needed to pay the addition	onal \$25 for background and s	ecurity checks. Your application
will not be processed without this.		
I agree to be charged \$25 CBP fee for I	packground and security check	S
I understand that the governme	nt fee is non-refundable	
Cardholder Name	Card Number	
Billing Address	Expiry Date	What is the CVV code? (The last 3 digits on the back of the card above the signature or
	CVV Code	4 digits for American Express on the front above the card number)

Sign/type authorization

In case you prefer to pay this fee on the government site yourself, please leave blank. We will send you a link to your profile and instructions how to pay it.

### **VEHICLE INFORMATION**

A vehicle must be registered before it can be used in the SENTRI lanes (dedicated vehicle lanes for preapproved, low-risk travelers) to enter the United States from Mexico. Global Entry, SENTRI, and NEXUS members may use registered vehicles in the SENTRI lanes.

Do you plan to drive across the border from Mexico t	to the United States?
	YES NO
Is the vehicle already actively registered on your acco	unt or n another
Trusted Traveler Program member's account?	YES NO
Do you want to register the vehicle now? Note that regincur additional fees!	gistering it later will YES NO
CAR MAKE CAR MODEL	YEAR
LICENCE PLATE NUMBER VIN NUMBER	
STATE WHERE LICENCE PLATE WAS ISSUED	OWNER NAME
OWNER ADDRESS	OWNER ADDRESS
OWNER PHONE	OWNER D.O.B (yyyy/mm/dd)

#### **CONFIRMATION**

BEST OF M By signing	M THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE MY KNOWLEDGE.  below and paying the service fee I agree and understand border-crossing.com's Terms and Refund Policy and Privacy Policy described on their website: border-crossing.com
PRINT NAME	