FAST DRIVER PASS RENEWAL APPLICATION FORM

INSTRUCTIONS:

- 1. Please complete one FAST 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</u> Policy and agree with them; that you buy our services voluntarily.
- 2. FAST card will cost you \$119.95 for service fee plus \$50 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 (\$50).
- 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 FAST

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PRINT NAME			DATE:		
DES ID	PASSWORD	PASSID		EXPIRY DATE	

I WANT TO CROSS:

US - CANADA BORDER

US - MEXICO BORDER

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				
CONTACT 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 LICENCE 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/					

ADDRESS HISTORY FOR THE LAST 5 YEARS

STREET NUMBER STREET NAME	FROM YYYY/MM
CITY COUNTRY	TO PRESENT
STATE/PROVINCE POSTAL/ZIP CODE	
MATURIC ADDRESS (if different to your owner)	
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	

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

EMPLOYMENT STATUS	FROM YYYY/MM TO PRESENT
JOB TITLE	CURRENT EMPLOYER
STREET NUMBER STREET NAME	EMPLOYER'S PHONE
CITY COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATUS	FROM YYYY/MM TO YYYY/MM
JOB TITLE	EMPLOYER
STREET NUMBER STREET NAME	EMPLOYER'S PHONE
CITY COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATUS	FROM YYYY/MM TO YYYY/MM
JOB TITLE	EMPLOYER
STREET NUMBER STREET NAME	EMPLOYER'S PHONE
CITY COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATUS	FROM YYYY/MM TO YYYY/MM
JOB TITLE	EMPLOYER
STREET NUMBER STREET NAME	EMPLOYER'S PHONE
CITY COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATUS	FROM YYYY/MM TO YYYY/MM
JOB TITLE	EMPLOYER
STREET NUMBER STREET NAME	EMPLOYER'S PHONE
CITY COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE

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

TRAVEL HISTORY

TRAVELINISTORY
Please list all the countries you have traveled to in the last 5 years besides Canada, USA and Mexico.
ADDITIONAL INFORMATION
ADDITIONAL INFORMATION
(Have you ever been convicted of a criminal offense (including misdemeanor or felony traffic violations) 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 laws?
nave you ever been found in violation of infiningration laws?
NO YES
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE EXACT DETAILS BELOW:
CONFIRMATION
<u>CONTINUATION</u>
I CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE
BEST OF MY KNOWLEDGE.
By signing below and paying the service fee I agree and understand border-crossing.com's <u>Terms and Conditions</u> , <u>Refund Policy</u> and <u>Privacy Policy</u> described on their website: border-crossing.com
PRINT NAME

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