

NEXUS APPLICATION FORM FOR CHILDREN UNDER 18 **/US AND CANADIAN CITIZENS/**

INSTRUCTIONS:

1. Please complete one NEXUS 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**](mailto: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**](http://www.border-crossing.com) is not part of a government agency but a private company; that you have read our [Terms and Conditions](#), [Refund Policy](#) and [Privacy Policy](#) and agree with them; that you buy our services voluntarily.

2. www.border-crossing.com is not responsible for applicants who are denied by CBP and will not refund the fees paid.

3. I understand I am using www.border-crossing.com to apply for my NEXUS card and I agree to the [Terms and Conditions](#), [Refund Policy](#) and [Privacy Policy](#) section of their website www.border-crossing.com

PRINT NAME

DATE:

PERSONAL INFORMATION

Please enter all information exactly as it appears in your passport

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>		
MIDDLE NAME	<input type="text"/>	OTHER NAME	<input type="text"/>		
DATE OF BIRTH yyyy/mm/dd	<input type="text"/>	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
COUNTRY OF BIRTH	<input type="text"/>	HEIGHT	<input type="text"/>	EYE COLOR	<input type="text"/>
CITY OF BIRTH	<input type="text"/>	STATE/PROVINCE OF BIRTH	<input type="text"/>		

PARENT/GUARDIAN DETAILS

FIRST NAME	<input type="text"/>	MIDDLE NAME	<input type="text"/>	SURNAME	<input type="text"/>
DATE OF BIRTH yyyy/mm/dd	<input type="text"/>	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

CONTACT DETAILS

PRIMARY PHONE #	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>
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CITIZENSHIP & NATIONALITY

YOU ARE A: US CITIZEN CANADIAN CITIZEN US PERMANENT RESIDENT CANADIAN PERMANENT RESIDENT

PASSPORT NUMBER	<input type="text"/>	COUNTRY OF ISSUANCE	<input type="text"/>
DATE OF EXPIRY yyyy/mm/dd	<input type="text"/>		
NAME ON PASSPORT	<input type="text"/>		
VISA OR PR CARD NUMBER	<input type="text"/>	TYPE OF DOCUMENT:	<input type="text"/>
DATE OF EXPIRY yyyy/mm/dd	<input type="text"/>	COUNTRY OF ISSUANCE	<input type="text"/>
NAME ON VISA OR PR CARD	<input type="text"/>		

DRIVER'S LICENCE INFORMATION

DRIVER'S LICENCE NUMBER	<input type="text"/>	DATE OF EXPIRY yyyy/mm/dd	<input type="text"/>
EXACT NAME ON LICENCE	<input type="text"/>	<input type="checkbox"/> CHECK HERE IF THIS IS AN ENHANCED DRIVERS LICENCE /EDL/	
COUNTRY OF ISSUANCE	<input type="text"/>	STATE/PROVINCE OF ISSUANCE	<input type="text"/>
<input type="checkbox"/> CHECK HERE IF THIS IS A COMMERCIAL DRIVERS LICENCE /CDL/	<input type="checkbox"/> CHECK HERE IF THERE IS HAZMAT ENDORSEMENT ON THE CDL		

ADDRESS HISTORY FOR THE LAST 5 YEARS

STREET NUMBER STREET NAME

CITY COUNTRY

STATE/PROVINCE POSTAL/ZIP CODE

FROM YYYY/MM

TO PRESENT

MAILING ADDRESS /if different to your current address/

STREET NUMBER STREET NAME

CITY COUNTRY

STATE/PROVINCE POSTAL/ZIP CODE

FROM YYYY/MM

TO PRESENT

STREET NUMBER STREET NAME

CITY COUNTRY

STATE/PROVINCE

FROM YYYY/MM

TO YYYY/MM

STREET NUMBER STREET NAME

CITY COUNTRY

STATE/PROVINCE

FROM YYYY/MM

TO YYYY/MM

STREET NUMBER STREET NAME

CITY COUNTRY

STATE/PROVINCE

FROM YYYY/MM

TO YYYY/MM

STREET NUMBER STREET NAME

CITY COUNTRY

STATE/PROVINCE

FROM YYYY/MM

TO YYYY/MM

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

TRAVEL HISTORY

Please list all the countries you have traveled to in the last 5 years besides Canada, USA and Mexico.

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?

 NO YES

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE EXACT DETAILS BELOW:

CONFIRMATION

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 [Terms and Conditions](#), [Refund Policy](#) and [Privacy Policy](#) described on their website: border-crossing.com

PRINT NAME