

SENTRI APPLICATION FORM FOR CHILDREN UNDER 18

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 with the following:

1. I understand that the website www.border-crossing.com are not part of a government agency but a private company.

2. At your interview, you will be charged additionally a non-refundable **\$14.50** fingerprint fee for applicants between 14 years and 18 years of age.

3. Processing times vary by applicant, but on average you can expect your application to be processed within 3-5 months. The vetting process cannot be expedited.

4. We are not responsible for applicants who are denied by CBP and will not refund the fees paid.

5. I understand I am using www.border-crossing.com to apply for my SENTRI card and I agree to the [Privacy Policy](#) and [Terms and Conditions](#) 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:	<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> US PERMANENT RESIDENT	<input type="checkbox"/> 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	<input type="text"/>	FROM YYYY/MM	<input type="text"/>	TO PRESENT			
JOB TITLE	<input type="text"/>						
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>				
EMPLOYER'S PHONE	<input type="text"/>						
CITY	<input type="text"/>	COUNTRY	<input type="text"/>	STATE/PROVINCE	<input type="text"/>	POSTAL/ZIP CODE	<input type="text"/>

EMPLOYMENT STATUS	<input type="text"/>	FROM YYYY/MM	<input type="text"/>	TO YYYY/MM	<input type="text"/>		
JOB TITLE	<input type="text"/>						
EMPLOYER	<input type="text"/>						
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>				
EMPLOYER'S PHONE	<input type="text"/>						
CITY	<input type="text"/>	COUNTRY	<input type="text"/>	STATE/PROVINCE	<input type="text"/>	POSTAL/ZIP CODE	<input type="text"/>

EMPLOYMENT STATUS	<input type="text"/>	FROM YYYY/MM	<input type="text"/>	TO YYYY/MM	<input type="text"/>		
JOB TITLE	<input type="text"/>						
EMPLOYER	<input type="text"/>						
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>				
EMPLOYER'S PHONE	<input type="text"/>						
CITY	<input type="text"/>	COUNTRY	<input type="text"/>	STATE/PROVINCE	<input type="text"/>	POSTAL/ZIP CODE	<input type="text"/>

EMPLOYMENT STATUS	<input type="text"/>	FROM YYYY/MM	<input type="text"/>	TO YYYY/MM	<input type="text"/>		
JOB TITLE	<input type="text"/>						
EMPLOYER	<input type="text"/>						
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>				
EMPLOYER'S PHONE	<input type="text"/>						
CITY	<input type="text"/>	COUNTRY	<input type="text"/>	STATE/PROVINCE	<input type="text"/>	POSTAL/ZIP CODE	<input type="text"/>

TRAVEL HISTORY

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

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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:

VEHICLE INFORMATION

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)

MEXICAN CITIZENS MUST PROVIDE:

U.S. CONTACT

FULL NAME

AS OF DATE: YYYY/MM STATE

STREET ADDRESS ZIP CODE

CITY PHONE NUMBER

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

PRINT NAME