

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 [Terms and Conditions](#), [Refund Policy](#) and [Privacy Policy](#) and agree with them; that you buy our services voluntarily.

2. SENTRI card will cost you \$119.95USD for service fee plus \$120USD CBP fee for background and security checks. You need to pay the first fee to start this process. We will pay the second fee with the credit card on your application and send you a confirmation email.

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 [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"/>		

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	<input type="text"/>	STREET NAME	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>	POSTAL/ZIP CODE	<input type="text"/>

FROM YYYY/MM

TO PRESENT

MAILING ADDRESS /if different to your current address/

STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>	POSTAL/ZIP CODE	<input type="text"/>

FROM YYYY/MM

TO PRESENT

STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>		

FROM YYYY/MM

TO YYYY/MM

STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>		

FROM YYYY/MM

TO YYYY/MM

STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>		

FROM YYYY/MM

TO YYYY/MM

STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>		

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"/>						
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"/>						
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"/>						
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.

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:

MEXICAN CITIZENS MUST PROVIDE:

U.S. CONTACT

FULL NAME

AS OF DATE: YYYY/MM

STATE

STREET ADDRESS

ZIP CODE

CITY

PHONE NUMBER

GOVERNMENT FEE PAYMENT

Your card details are needed to pay the additional \$120USD for background and security checks. Your application will not be processed without this.

I agree to be charged \$120USD CBP fee for background and security checks

I understand that the government fee is non-refundable

Cardholder Name

Card Number

Billing Address

Expiry Date

CVV Code

What is the CVV code? (The last 3 digits on the back of the card above the signature or 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 to the United States?

YES NO

Is the vehicle already actively registered on your account or n another Trusted Traveler Program member's account?

YES NO

Do you want to register the vehicle now? Note that registering it later will incur additional fees!

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

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