

**DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
SENTRI Application**

Approved OMB No. 1651-0121

| | |
|---|---------------|
| 1. Applicant's age is 14 years or younger (check box) <input type="checkbox"/> | |
| 1a. (Check one box only) <input type="checkbox"/> First time applicant without vehicle <input type="checkbox"/> Applicant renewal <input type="checkbox"/> Card replacement <input type="checkbox"/> First time applicant with vehicle <input type="checkbox"/> Add vehicle <input type="checkbox"/> Vehicle decal replacement | 1b. SENTRI ID |

SECTION A - PERSONAL INFORMATION

| | | | | |
|--|--|--|--|--|
| 2. Last/Paternal Name | | 2a. Maternal name | | |
| 3. First name | | 4. Middle name (in full) | | 4a. Suffix |
| 5. Other names used (e.g., maiden name, former name) | | Nickname | | 6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 7. Date of Birth (yyyy/mm/dd) | | 8. Place of birth City _____ Country _____ State _____ | | |

| | | | | |
|--|--|---|--|--|
| 9. Citizenship (Check all that apply.) <input type="checkbox"/> Canadian citizen <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Mexican citizen <input type="checkbox"/> Other (Must Specify) _____ | | 10. Residence <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Mexico | | |
|--|--|---|--|--|

| | | | | |
|---|--|--|--|---|
| 11. Proof of citizenship/residency/immigration status (Attach copies) | | | | |
| <input type="checkbox"/> U.S. Alien Registration No. _____ | | or <input type="checkbox"/> Border Crossing Card No. _____ | | <input type="checkbox"/> Birth Certificate No. _____ |
| <input type="checkbox"/> Passport No. _____ | | Country of Issuance _____ | | (Expiration Date) (yyyy/mm/dd) |
| <input type="checkbox"/> Other Type of Document _____ | | No. _____ | | (Expiration Date) (yyyy/mm/dd) |
| <input type="checkbox"/> Drivers license No. _____ | | (Attach Copy) _____ | | State and Country of Issuance _____ (Expiration Date) (yyyy/mm/dd) |

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS

| | | | | | | | | | |
|---|--|--------------------|--|---------------------|----------|--------------------|--------------------------|--|--|
| 12. Current address (yyyy/mm) As of what date? | | 13. Street Address | | Apt. No. | 14. City | | 15. Colonia/Neighborhood | | |
| 16. Country | | 17. State | | 18. Postal/Zip Code | | 19. Home telephone | | 20. Business telephone/Cell phone number Ext. | |

| | | | | | | | | | | |
|---|--|--|-------------|--|--|-----------|----------|----------|---------------------|--|
| Mailing address if different from residential address | | | | | | | | | | |
| 21. Street Address | | | | | | | Apt. No. | 22. City | | |
| 23. Colonia/Neighborhood | | | 24. Country | | | 25. State | | | 26. Postal/Zip Code | |

Previous residential addresses if current residence is less than five years (address history continued on page 4).

| | | | | | | | | | |
|----------------------------|--|----------------------|-------------|--------------------|--|-----------|----------|----------|---------------------|
| 27. (yyyy/mm) From: | | (yyyy/mm) To: | | 28. Street Address | | | Apt. No. | 29. City | |
| 30. Colonia/Neighborhood | | | 31. Country | | | 32. State | | | 33. Postal/Zip Code |
| 34. (yyyy/mm) From: | | (yyyy/mm) To: | | 35. Street Address | | | Apt. No. | 36. City | |
| 37. Colonia/Neighborhood | | | 38. Country | | | 39. State | | | 40. Postal/Zip Code |
| 41. (yyyy/mm) From: | | (yyyy/mm) To: | | 42. Street Address | | | Apt. No. | 43. City | |
| 44. Colonia/Neighborhood | | | 45. Country | | | 46. State | | | 47. Postal/Zip Code |

According to the Paperwork Reduction Act, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this Information Collection is 1651-0121. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS (if applicable)

| | | | |
|--|--------------------------|--------------------------|------------------------------|
| 48. Current employer (yyyy/mm) (yyyy/mm) | | 49. Employer's name | |
| From: | To: | | |
| 50. Street Address | | Apt. No. | 51. City |
| | | 52. Colonia/Neighborhood | |
| 53. Country | 54. State | 55. Postal/Zip Code | 56. Telephone number Ext. |
| 57. Occupation | | | |
| Previous Employer name and address if current employer is less than five years (employment history continued on page 4). | | | |
| 58. (yyyy/mm) (yyyy/mm) | | 59. Employer's name | |
| From: | To: | 60. Street Address | Apt. No. |
| 61. City | 62. Colonia/Neighborhood | 63. Country | 64. State |
| | | 65. Postal/Zip Code | |

SECTION D - ADDITIONAL INFORMATION

66.

Have you ever been convicted of an offense in any country? No Yes

What country were you convicted in? _____

Have you ever received a waiver of inadmissibility to the U.S. from CBP (former USINS)? No Yes

Have you ever been found in violation of customs or immigration laws? No Yes

If you have answered YES, please give details: _____

SECTION E - UNITED STATES CONTACT INFORMATION

Note: If U.S. contact information is not completed, Customs and Border Protection (CBP) will attempt to contact applicant via telephone for U.S. contact information. **Application will not be accepted, if no U.S. contact information is available.**

| | | |
|--------------------|------------|-----------------|
| 67. Full Name | | |
| 68. Street Address | | |
| 69. U.S. City | U.S. State | Postal/Zip Code |

SECTION F - VEHICLE DATA

Note: An applicant does **not** have to provide vehicle data to enroll in SENTRI (i.e. carpool). However, if an applicant wishes to utilize their vehicle in the SENTRI lane, he or she **must** provide the vehicle data. Vehicle can only be registered for those persons age 18 and over.

| | | |
|---|--------------------------------|--------------------|
| 70. Make | | |
| 71. Model | | |
| 72. Year | | |
| 73. Color | | |
| 74. VIN No. | | |
| 75. License Plate No. | | |
| 76. Country | 77. State | |
| Registered Owner Information | | |
| 78. Last/Paternal Name | | 78a. Maternal name |
| 79. First name | 79a. Middle name (in full) | 79b. Suffix |
| 80. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 81. Date of Birth (yyyy/mm/dd) | |

SECTION G - FEE PAYMENT (non-refundable)

82.

All credit card fees will be processed as U.S. funds

VISA

MasterCard

Please submit the amount below in US currency only.

I am enclosing a certified check or money order payment

Discover

American Express

\$

Once an application has been processed, absolutely no refunds will be granted. No exceptions.

| | |
|-----------------------------------|---------------------------|
| Card no. | Expiration Date (yyyy/mm) |
| Card holder's name (please print) | |
| Card holder's signature | |

SECTION H - CERTIFICATION

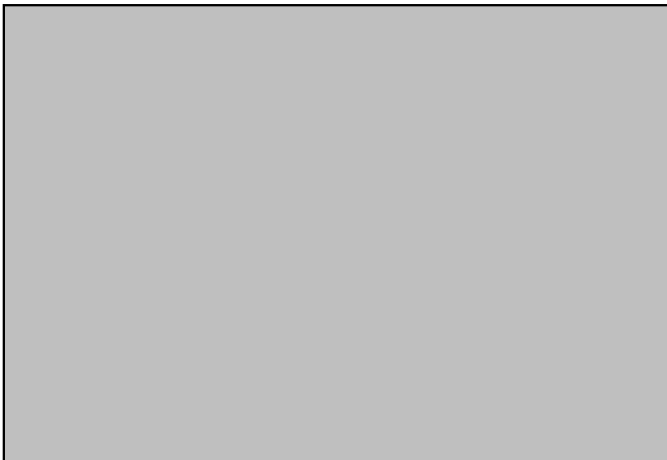
83.

I certify that all information given on this application, and in support of this application, was provided voluntarily and is true and complete. I understand that any information on this application, including any supporting documentation, background information, and biometric data may be shared among Customs and Immigration authorities in both Mexico and the U.S. and among law enforcement and other government agencies in accordance with applicable laws. I certify that I have read, understood, and agree to abide by all conditions required for use of the SENTRI program, including all instructions and notices accompanying this application.

| | | |
|-----------|---------------------|-------------------|
| Applicant | Name (please print) | |
| | Signature | Date (yyyy/mm/dd) |

U.S. PRIVACY ACT STATEMENT

The authority to collect the information on this application, any supporting documentation, fingerprints, and other requested information is contained in Titles 8 and 19 of the U.S. Code and corresponding regulations. Furnishing the information on this form is voluntary; however, failure to provide all the requested information may result in the delay of a final decision or denial of your application. The information collected will be used to make a determination on your application. It may also be provided to other government agencies (Federal, state, local, and/or foreign) as permitted under the Privacy Act of 1974, 5 U.S.C. § 552a (2002), and other applicable law. All applicants are subject to a check of criminal information databases and other immigration and customs databases in order to determine eligibility for this program.



**DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
SENTRI Application - Continuation Sheet**

Approved OMB No. 0651-0121

1b. SENTRI ID

SECTION A - PERSONAL INFORMATION

| | | | |
|--|--|--------------------------|--|
| 2. Last/Paternal Name | | 2a. Maternal name | |
| 3. First name | | 4. Middle name (in full) | 4a. Suffix |
| 5. Other names used (e.g., maiden name, former name) | | Nickname | 6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | 7. Date of Birth (yyyy/mm/dd) |

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS - continued

Previous residential addresses if current residence is less than five years (address history continued from page 1).

| | | | | | | |
|--------------------------|---------------|--------------------|--|-----------|----------|---------------------|
| 1. (yyyy/mm) | 2. (yyyy/mm) | 2. Street Address | | Apt. No. | 3. City | |
| From: | To: | | | | | |
| 4. Colonia/Neighborhood | | 5. Country | | 6. State | | 7. Postal/Zip Code |
| 8. (yyyy/mm) | 9. (yyyy/mm) | 9. Street Address | | Apt. No. | 10. City | |
| From: | To: | | | | | |
| 11. Colonia/Neighborhood | | 12. Country | | 13. State | | 14. Postal/Zip Code |
| 15. (yyyy/mm) | 16. (yyyy/mm) | 16. Street Address | | Apt. No. | 17. City | |
| From: | To: | | | | | |
| 18. Colonia/Neighborhood | | 19. Country | | 20. State | | 21. Postal/Zip Code |
| 22. (yyyy/mm) | 23. (yyyy/mm) | 23. Street Address | | Apt. No. | 24. City | |
| From: | To: | | | | | |
| 25. Colonia/Neighborhood | | 26. Country | | 27. State | | 28. Postal/Zip Code |

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS - continued

Previous Employer name and address if current employer is less than five years (employment history continued from page 2).

| | | | | | | |
|---------------|---------------|--------------------------|--|--------------------|--|---------------------|
| 1. (yyyy/mm) | 2. (yyyy/mm) | 2. Employer's name | | 3. Street Address | | Apt. No. |
| From: | To: | | | | | |
| 4. City | | 5. Colonia/Neighborhood | | 6. Country | | 7. State |
| | | | | | | 8. Postal/Zip Code |
| 9. (yyyy/mm) | 10. (yyyy/mm) | 10. Employer's name | | 11. Street Address | | Apt. No. |
| From: | To: | | | | | |
| 12. City | | 13. Colonia/Neighborhood | | 14. Country | | 15. State |
| | | | | | | 16. Postal/Zip Code |
| 17. (yyyy/mm) | 18. (yyyy/mm) | 18. Employer's name | | 19. Street Address | | Apt. No. |
| From: | To: | | | | | |
| 20. City | | 21. Colonia/Neighborhood | | 22. Country | | 23. State |
| | | | | | | 24. Postal/Zip Code |
| 25. (yyyy/mm) | 26. (yyyy/mm) | 26. Employer's name | | 27. Street Address | | Apt. No. |
| From: | To: | | | | | |
| 28. City | | 29. Colonia/Neighborhood | | 30. Country | | 31. State |
| | | | | | | 32. Postal/Zip Code |
| 33. (yyyy/mm) | 34. (yyyy/mm) | 34. Employer's name | | 35. Street Address | | Apt. No. |
| From: | To: | | | | | |
| 36. City | | 37. Colonia/Neighborhood | | 38. Country | | 39. State |
| | | | | | | 40. Postal/Zip Code |