

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection  
**FAST Commercial Driver Application - MX**

Approved OMB No. 1651-0121

**Please type or print**

|  |   |
|--|---|
| 1a. (Check one box only)    First time applicant    Renewal    Replacement<br><br>If renewal or replacement, current FAST Card No: _____ | 1b. Border crossings most frequently used (Example, Laredo) _____ |
|--|---|

**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<br>Male      Female |  | 7. Date of birth (yyyy/mm/dd) _____                |  |  |                                      |  |  |
| 8. <b>Place of birth</b><br>City _____  |  |                                | Country _____                        |                               |  | State _____  |  |  |                                      |  |  |
| 9. Citizenship (Check all that apply.)<br>Canadian citizen    U.S. citizen    Mexican citizen    Other (Must Specify) _____ |  |                                |                                      |                               |  | 10. Residence<br>Canada    United States    Mexico |  |  |                                      |  |  |
| 11. Proof of citizenship/residency/immigration status (Attach copies)   |  |                                |                                      |                               |  |  |  |  |                                      |  |  |
| U.S. Alien Registration No. _____   |  |                                | or    Border Crossing Card No. _____ |                               |  | Birth Certificate No. _____                        |  |  |                                      |  |  |
| Passport No. _____  |  |                                | Country of Issuance _____            |                               |  | (Expiration Date) (yyyy/mm/dd) _____               |  |  |                                      |  |  |
| Other    Type of document _____   |  |                                | No. _____                            |                               |  | (Expiration Date) (yyyy/mm/dd) _____               |  |  |                                      |  |  |
| 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) _____  |  | 13. Street Address _____ |                   | Apt. No. _____            |  | 14. City _____           |  | 15. Colonia/Neighborhood _____                 |  |                |  |
| <b>As of what date?</b>  |  |                          |                   |                           |  |                          |  |  |  |                |  |
| 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) _____  |  | (yyyy/mm) _____          |                   | 28. Street Address _____  |  |                          |  | Apt. No. _____                                 |  | 29. City _____ |  |
| <b>From:</b>   |  | <b>To:</b>               |                   |                           |  |                          |  |  |  |                |  |
| 30. Colonia/Neighborhood _____   |  |                          | 31. Country _____ |                           |  | 32. State _____          |  | 33. Postal/Zip Code _____                      |  |                |  |
| 34. (yyyy/mm) _____  |  | (yyyy/mm) _____          |                   | 35. Street Address _____  |  |                          |  | Apt. No. _____                                 |  | 36. City _____ |  |
| <b>From:</b>   |  | <b>To:</b>               |                   |                           |  |                          |  |  |  |                |  |
| 37. Colonia/Neighborhood _____   |  |                          | 38. Country _____ |                           |  | 39. State _____          |  | 40. Postal/Zip Code _____                      |  |                |  |
| 41. (yyyy/mm) _____  |  | (yyyy/mm) _____          |                   | 42. Street Address _____  |  |                          |  | Apt. No. _____                                 |  | 43. City _____ |  |
| <b>From:</b>   |  | <b>To:</b>               |                   |                           |  |                          |  |  |  |                |  |
| 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 30 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**

|  |                     |                     |                              |
|--|---------------------|---------------------|------------------------------|
| 48. Current employer (yyyy/mm)                       |                     | 49. Employer's name |                              |
| From:  | To:                 |                     |                              |
| 50. Street Address, incl. Apt. No.                   |                     | 51. City            | 52. Colonia/Neighborhood     |
| 53. State  | 54. Postal/Zip code | 55. Country         | 56. Telephone number<br>Ext. |
| 57. Occupation (attach separate sheet if necessary). |                     |                     |                              |

Previous Employer name and address if current employer is less than five years (attach separate sheet if necessary).

|                                    |          |                          |             |
|------------------------------------|----------|--------------------------|-------------|
| 58. (yyyy/mm)                      |          | 59. Employer's name      |             |
| From:                              | To:      |                          |             |
| 60. Street Address, incl. Apt. No. | 61. City | 62. Colonia/Neighborhood | 63. State   |
|                                    |          | 64. Postal/Zip code      | 65. Country |

**SECTION D - ADDITIONAL INFORMATION**

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

What country were you convicted in? \_\_\_\_\_

If yes, have you ever received a waiver of inadmissibility to the U.S. from the 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 - CERTIFICATION**

67. 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 FAST program, including all instructions and notices accompanying this application.

|           |              |           |                   |
|-----------|--------------|-----------|-------------------|
| Applicant | Name (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.

Send your Completed form and photocopies of the required documents to:

FAST Commercial Driver Program  
Customs & Border Protection  
Box 371124  
Pittsburgh, PA 15251-7124

For Expedited delivery service, please send to:  
Customs and Border Protection  
Attn: 371124  
500 Ross St. 154-0640  
Pittsburgh, PA 15250

**SECTION F - FEE PAYMENT (non-refundable)**

69. The fee for an applicant to the FAST program is \$50.00 US only  
All credit card fees will be processed as U.S. funds

I am enclosing a certified check or money order payment

Visa       MasterCard  
 Discover       American Express

Card holder's name (please print)

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

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