

## **BORDER CARDS: NEXUS**

# **ORDER FORM**

P.O. BOX 27060 MASONVILLE PO, LONDON, ON N5X 3X5

PHONE OR TEXT: 1-519-800-3707

FAX: 1-519-790-1070

EMAIL: INFO@NEXUSCARDAPPLICATION.COM

INSTRUCTIONS			NEXUS PACKAGE CHECKLIST		
A. Fill one NEXUS form per person, detailing address and job history for past five years, including gaps.		Include the following documents in your NEXUS package			
B. Make clear copies of valid citizenship and ID documents (e.g. passport, birth certificate, PR card, driver's license).		NEXUS APPLICATION FORM completed and signed - all forms must be included, even if blank			
C. Complete this order form, ensuring all 'NEXUS Package Checklist' requirements are met.			BORDER CARDS ORDER FORM (this page) - applications submitted without this form will not be		
D. Submit your completed package using one of the recommended methods.			processed		
1. FAX: 519-790-1070			COPY OF VALID CITIZENSHIP DOCUMENT  - i.e. passport, citizenship certificate, birth certificate, etc.		
2. SCAN AND EMAIL: Subject Line: Your full name, please. info@nexuscardapplication.com			COPY OF VALID ADMISSIBILITY DOCUMENT  - i.e. passport, PR card, work/study permit, etc.		
<b>3. MAIL:</b> Please send us mail, either reg					
60 NORTH CENTRE		COPY OF VALID DRIVERS LICENSE - if applicable			
P.O. BOX 27060 LONDON, ON, CA		COPY OF FRONT AND BACK OF EXPIRING			OF EXPIRING
<b>N5X</b> 3X5			NEXUS CARD		
Note: Our PO BOX doesn't accept signatu	ıre on delivery.	- renewals only			
BORDER CARDS BASIC SERVIC  USD \$290  USD \$170 Service Fee  USD \$120 Government Fee*  The government fee is non-refundable  50% off service fees for additional family memb  USD \$100 additional service fee*  * Urgent appointments are provided upon conditional approval of your application, through our cancellation list. The review process can't be expedited.	before the expiry date on thei privileges for twenty-four mc expiration. Therefore, please expires to avoid losing your p Interview  - One-step interview at all N on the US side of the - Two-step interview at all N in Canada (Airports and the Lanc AVERAGE PROCESSII)  * The review process can't be expect	ew process:  Nexus Enrollment Centers located by US/Canada Land Border;  Nexus Enrollment Centers located by Canadian side of the US/Canada did Border		* Initial review of background che * Once you have we will contact you must sched of approval * Once you attend approved, your address you pro	your application entails teks in both Canada and the US been conditionally approved, you to schedule an interview; lule this interview within 30 days d your interview and have been card will be mailed to you at the oxide
CREDIT CARD INFORMATION			DI	SCLAIMER	
By signing below I agree to be charged the applicable service fees to the credit card I have provided.  We accept Visa, Mastercard, Amex, and bank drafts (call for this method) as acceptable methods of payment  Cardholder Name			By signing below applicant agrees to all of the following conditions  * I assert that I have read and agreed to the terms and conditions as listed on http://nexuscardapplication.com/terms/  * Border Cards is not responsible for applications lost in the mail or improperly submitted by email or fax  * Border Cards is not responsible for applications that are denied  * Border Cards is not responsible for delays caused by incomplete applications		
			*Border Cards is not responsible for delays caused by incomplete applications     *Basic service fees are non-refundable once applications are submitted to the government		
Card Number			* Expedited service fees are refunded only if we can't offer you an interview date within 21 calendar days from conditional approval of your application		
Expiry Date CVV Code			* The government fee is non-r government.		
				-	rds to apply for my NEXUS card ng to the service I have selected
Billing Address Car	dholder Signature	_ _	•	, by signing this for	m I authorize you to charge me
			* I understand that cancellation Border Cards will bear a min	on of this service af iimum cancellation	
			Applicant's Name:		Sign here:

### **NEXUS APPLICATION**

Reason for application:  First time applicant Reapplication (Denied/Revoked) Renewal - Please provide your PASS ID:						
PERSONAL INFORMATION						
Surname/Last name:	Given/First n		Middle Name:		Nicknam	ne:
Date of Birth (yyyy/mm/dd):	City of Birth:		Country of Birth:		State/Pro	ovince of birth:
Full Name at Birth:	Full Name at Birth: Gender:					
					Male	<u> </u>
Have you used any other nai	mes before? (Mai	riages, legal name	changes, etc.): Yes	○ No		her Gender Identity
Other First Names:					Eye color	:
Other Last Names:					Height:	
Home phone:	N	lobile phone:	,	Work phone	):	
E-mail address:						
Are you a US citizen? 🔘 Ye	s O No					
Are you a permanent reside	nt of the US?	Yes No				
Are you a citizen of Canada Yes No						
If you are neither US or Canadian citizen, please specify your citizenship:						
	PRI	FERRED INTE	RVIEW LOCATION	J		
Interviews take place at			WIEW LOCATION	•		
CANADA - two-step		1				
interview	Alberta —	Manitoba	Ontario  Buffalo-Ft. Erie	Quebec	wa a l	Nova Scotia
British Columbia	Calgary Edmonton	Winnipeg	Toronto airport	Mont	reai	Goffs (Halifax Airport)
☐ Vancouver airport	Lumonton		Ottawa			New Brunswick
			Lansdowne			Belleville/
	orth Dakota	Minnesota	Michigan	New Yor	k	Maine
one-step interview	Pembina	International	Detroit	Cham	nplain	Calais
Washington <sub>M</sub>	ontana	Falls	Port Huron	☐ Niaga	ra Falls	Houlton
Blaine	Sweetgrass	Warroad	Sault Ste. Marie	Ogde	nsburg	Vermont  Derby Line
Additional						
Notes:						

			DOCUMENT	CHECKLIST		
I have the following documents and I will provide PHOTOCOPIES:						
	Document number	Country o	f Issuance	Name as it appears on t	he document	Expiry date (yyyy/mm/dd)
Passport						
	Document number	Country o	f Issuance	Name as it appears on t	he document	Expiry date (yyyy/mm/dd)
Passport (2)						
(=)			<b>.</b>			
Citizenship	Document number	Country o	rissuance	Name as it appears on t	ne document	Expiry date (yyyy/mm/dd)
☐ Document			[			
Type of docu	ıment:					
	Document number	Country o	f Issuance I	Name as it appears on th	ne document	Expiry date (yyyy/mm/dd)
Birth Certificate						
Permaner	nt resident status (	for applic	ants who are r	not citizens of Cai	nada or the US)	
Permanen	Document number	Country o	f Issuance N	Name as it appears on th	ne document	Expiry date (yyyy/mm/dd)
resident card						
If applica	ble, please provide	your visc	a or work perm	nit details		
Visa	Document number	Туре	Country of Issuanc	e Name as it appears	on the document	Expiry date (yyyy/mm/dd)
Work permi	t					
	Document number	Туре	Country of Issuanc	e Name as it appears	on the document	Expiry date (yyyy/mm/dd)
Visa Work permi	t					
Do you currently hold a valid Driver's License? O Yes No (*If YES, please provide a photocopy)						
Driver's license number: Name as it appears on the document:						
Expiry date	(yyyy/mm/dd):	Coun	try of issuance:		Province/State:	
Is this an enhanced driver's license (EDL)? Yes No  (An enhanced driver's license is a driver's license that has been enhanced to denote both identity and citizenship. An EDL will include a flag icon identifying the license-holder's citizenship)						
Is this a a commercial driver's license?						
Is there a HAZMAT (hazardous material) endorsement on the CDL? O Yes No						

#### **ADDRESS INFO** Please provide the last 5 YEARS of your residential history leaving no gaps Current residential address: From (YYYY/MM) To present Street number Street name Apt. number Province/State City P.O. Box Number Postal/Zip code Country Is your mailing address same as your Residential address? O Yes O No If **not**, please provide your current mailing address below: From (YYYY/MM) To present Street number Street name Province/State City Apt. number P.O. Box Number Postal/Zip code Country **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address: **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address: **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address: **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address: **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address: **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address: **Previous address (if applicable):** From (YYYY/MM) To (YYYY/MM) Address:

### **EMPLOYMENT INFO** Please provide the last 5 YEARS of your employment history leaving no gaps. Please specify the periods you were unemployed or a student. **Current employment:** From (YYYY/MM) **To present** O Self-Employed Demployed Demployed Retired Student **Contact Telephone Number** What is your occupation? Who is your employer? Street number Street name Province/State City Apt. number P.O. Box Number Postal/Zip code Country **Previous employment (if applicable)** Self-Employed Demployed Retired Student From (YYYY/MM) To (YYYY/MM) **Contact Telephone Number** What is/was your occupation? Who is/was your employer? Employer's address: Previous employment (if applicable) ○ Self-Employed ○ Employed ○ Unemployed ○ Retired ○ Student From (YYYY/MM) To (YYYY/MM) **Contact Telephone Number** What is/was your occupation? Who is/was your employer? Employer's address: **Previous employment (if applicable)** Self-Employed Demployed Demployed Student From (YYYY/MM) To (YYYY/MM) **Contact Telephone Number** What is/was your occupation?

Who is/was your employer?

Employer's address:

4	Previous employment (	if applicable) Self-Employed Employed Unemployed Retired Student
Fro	m (YYYY/MM)	To (YYYY/MM)
Cor	ntact Telephone Number	
Wh	at is/was your occupation?	
Wh	o is/was your employer?	
Em	ployer's address:	
5	Previous employment (	if applicable) Self-Employed Employed Unemployed Retired Student
Fro	m (YYYY/MM)	To (YYYY/MM)
Cor	ntact Telephone Number	
Wh	at is/was your occupation?	
Wh	o is/was your employer?	
Em	ployer's address:	
6	Previous employment (	if applicable) Self-Employed Employed Unemployed Retired Student
Fro	m (YYYY/MM)	To (YYYY/MM)
Cor	ntact Telephone Number	
Wh	at is/was your occupation?	
Wh	o is/was your employer?	
Em	ployer's address:	
7	Previous employment (	if applicable) Self-Employed Employed Unemployed Retired Student
Fro	m (YYYY/MM)	To (YYYY/MM)
Cor	ntact Telephone Number	
Wh	at is/was your occupation?	
Wh	o is/was your employer?	
Em	ployer's address:	
8	Previous employment (	if applicable) Self-Employed Employed Unemployed Retired Student
Fro	m (YYYY/MM)	To (YYYY/MM)
Cor	ntact Telephone Number	
Wh	at is/was your occupation?	
Wh	o is/was your employer?	
Em	ployer's address:	

ADDITIONAL INFORMATION:						
Have you ever been convicted of an offence in any country for which you have not received a pardon?  Yes \( \) No						
Have you ever received a waiver of inadmissibility to the U.S. from a U.S. government agency?						
Have you ever been approved by Citizenship	and Immigration Canada for rehabilitation bed	ause of past criminal activity? OYes ONo				
Have you ever been found in violation of customs or immigration laws or other federal import laws?						
If you have answered YES to any of the a where you were convicted:	bove questions, please explain briefly belo	w, including the date and country				
This section is required for applicants under the age of 18 only  Non-custodial adult parents or guardians must attach a copy of supporting documents such as a court order or letter of authorization if this application is for a child under the age of 18 who will be travelling with the non-custodial adult.						
Legal Guardian/Parent <i>Inform</i>						
First Name	Middle Name	Last Name				
Telephone number	E-Mail address					
Date of birth (yyyy/mm/dd)	Gender					
- Marc Stemare Standing defined include						
countries where you have travelled. The list doe	Canada, the United States and its territories, and its not have to follow any order but it must include abelled as "United Kingdom". If you have visited a	all trips. Please note that visits to England,				