Immigrationfacts.ca **Phone:** 1-855-760-0888 **Fax:** 1-866-239-9667 **Email:** info@immigrationfacts.ca

Print Form

SENTRI CARD

Immigrationfacts.ca Order Form

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete one (1) SENTRI application form per person. Complete the address and employment fields for the last five (5) years in full, leaving NO gaps (including when unemployed or as a student). If you require additional space, please use the 'Required Supplementary Information' forms provided.

2. Make clear copies of your valid citizenship and identity documents (i.e. passport, birth certificate, PR card, work / study permit, etc.). If applicable, make copies of your drivers license and vehicle registration.

3. Complete this order form in full, ensuring you have included all requirements on the 'SENTRI Package Checklist'.

4. Send your entire completed package using one of the following methods:

FAX application package to 1-866-239-9667 OR
SCAN AND EMAIL your entire application package to info@immigrationfacts.ca with the subject line: (Name of Applicant) SENTRI Application

SENTRI PACKAGE CHECKLIST

Include the following documents in your SENTRI package

- ☐ **SENTRI APPLICATION FORM** completed and signed - all forms must be included, even if blank
- ☐ **Immigrationfacts.ca ORDER FORM (this page)** - applications submitted without this form will not be processed
- ☐ **COPY OF VALID CITIZENSHIP DOCUMENT** -i.e. passport, citizenship card, birth certificate, etc.
- ☐ **COPY OF VALID ADMISSIBILITY DOCUMENT** -i.e. passport, PR card, work/study permit, etc.
- ☐ **COPY OF VALID DRIVERS LICENSE** -if applicable
- ☐ **COPY OF VEHICLE REGISTRATION** -if applicable
- ☐ **COPY OF FRONT AND BACK OF EXPIRING SENTRI CARD** (renewals only)

APPLICATIONS SUBMITTED WITHOUT THIS ORDERFORM WILL NOT BE PROCESSED

SENTRI CARD BASIC SERVICE

☑ **$154.99**

$129.99 service fee
$25 government fee

The government fee is non-refundable
No government fee is required for applicants under 18 years of age

50% off service fees for additional family members

AVERAGE PROCESSING TIME* 4-8 WEEKS

* Timeline refers to initial review by the government. Additional delays are possible if the government does additional background checks.

PLEASE NOTE

You will need to pay additional fees on the day of your interview:

Fingerprint Fee: $14.50 (applicants 14 years and older)
System Costs Fee: $80.00 per person (or a maximum of $160.00 total for a husband, wife and minor children)
If an approved participant wishes to register more than one vehicle for use in the SENTRI DCL lane (maximum of 4 vehicles), or an approved participant wishes to be registered in more than one vehicle (maximum of 8 persons per vehicle), an additional fee of $42.00 per vehicle will be assessed.

If you would like to use your vehicle in the SENTRI lane, you must provide vehicle information and schedule a Vehicle Inspection at any SENTRI enrollment center. If you choose to add the vehicle information later, an additional fee of $42.00 vehicle registration fee will be required.

ADDITIONAL INFORMATION

* Initial review of your application entails background checks

* Once you have been conditionally approved, we will contact you to schedule an interview; you must schedule this interview within 30 days of approval

* Once you attend your interview and have been approved, your card will be mailed to you at the address you provide

* Sending incomplete applications will delay processing

Where did you find us? ◯ Google ◯ Bing ◯ Yahoo ◯ YouTube ◯ Referral ◯ Returning Client ◯ Other

CREDIT CARD INFORMATION

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

Expiry Date

Card Number

CVV Code

Billing Address

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)

Cardholder Signature

DISCLAIMER

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 https://www.immigrationfacts.ca/terms/
* Immigrationfacts.ca is not responsible for applications lost in the mail or improperly submitted by email or fax
* Immigrationfacts.ca is not responsible for applications that are denied
* Immigrationfacts.ca is not responsible for delays caused by incomplete applications
* Basic service fees are non-refundable once applications are submitted to the government
* Expedited service fees are refunded only if we can't offer you interview date within 21 calendar days from conditional approval of your application
* The government fee is non-refundable, if it has already been paid to the government.
* I assert that I understand I am using Immigrationfacts.ca to apply for my SENTRI card
* I agree to being charged the total fees according to the service I have selected to the credit card provided.
* If I opt for expedited service, by signing this form I authorize you to charge me the expedited fee.
* I understand that cancellation of this service after my order is received by Immigrationfacts.ca will bear a minimum cancellation fee of $42.50.

Applicant's Name:

Sign here:

Immigrationfacts.ca **Phone:** 1-855-760-0888 **Fax:** 1-866-239-9667 **Email:** info@immigrationfacts.ca

SENTRI Application

Reason for application:

◯ First time applicant without vehicle ◯ First time applicant with vehicle ◯ Reapplication ◯ Replacement (Lost / Stolen) ◯ Renewal - Please provide your membership ID:

Surname (current):

First name:

Middle name:

Nickname:

Gender: ◯ Male ◯ Female

Eye color:

Height

ft. in. **or** cm.

Reconfirmation required

Full name at birth:

Other previous names (marriages, legal name changes, etc.):

Date of birth (YYYY/MM/DD):

Place of birth

City Province / State Country

Your contact information

Home phone Email

Cell Phone Work phone

Citizenship

Are you a US citizen? ◯ Yes ◯ No

Are you a permanent resident of the US? ◯ Yes ◯ No

If you are not a citizen of the US, please specify your citizenship:

I have the following documents and I will provide copies:

☐ Passport

Document number | Country of Issuance | Name as it appears on the document | Expiry date (yy/mm/dd)

☐ Passport (2)

Document number | Country of Issuance | Name as it appears on the document | Expiry date (yy/mm/dd)

☐ Citizenship document

Document number | Country of Issuance | Name as it appears on the document

Type of document:

☐ Birth Certificate

Document number | Country of Issuance | State/Province of Issuance | Name as it appears on the document

Permanent resident status document (for applicants who are not citizens of the US)

☐ Permanet resident card

Document number	Country of Issuance	Name as it appears on the document	Expiry date (yy/mm/dd)

If applicable, please provide your visa or a work permit details

☐ Visa
☐ Work permit

Document number	Country of Issuance	Name as it appears on the document	Expiry date (yy/mm/dd)

☐ Visa
☐ Work permit

Document number	Country of Issuance	Name as it appears on the document	Expiry date (yy/mm/dd)

Do you have a valid driver's license? ◯ Yes ◯ No **(*If YES, please provide a photocopy)**

Document number	Country of issuance	Province/State	Name as it appears on the document	Expiry date (yy/mm/dd)

Is this an enhanced security driver's license? ◯ Yes ◯ No

(An enhanced driver's license (EDL) 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? ◯ Yes ◯ No

Is there a HAZMAT (hazardous material) endorsement on the CDL? ◯ Yes ◯ No

Please provide the last 5 years of your residential history leaving no gaps

From (YYYY/MM) _____ **To present**

Street number _____ Street name _____ PO BOX _____

Apt. number _____ City _____ Province/State _____

Country _____ Colonia/ Neighborhood _____ Postal/Zip code _____

Is your mailing address same as your Residential address? ◯ Yes ◯ No

If not, please provide your current mailing address below:

From (YYYY/MM) _____ To present

Street number _____ Street name _____ PO BOX _____

Apt. number _____ City _____ Province/State _____

Country _____ Colonia/ Neighborhood _____ Postal/Zip code _____

Previous address (if applicable): From (YYYY/MM) _____ To (YYYY/MM) _____

Street number _____ Street name _____

Apt. number _____ City _____ Province/State _____

Country _____ Colonia/ Neighborhood _____ Postal/Zip code _____

Previous address (if applicable): From (YYYY/MM) To (YYYY/MM)

Street number Street name

Apt. number City Province/State

Country Colonia/ Neighborhood Postal/Zip code

Previous address (if applicable): From (YYYY/MM) To (YYYY/MM)

Street number Street name

Apt. number City Province/State

Country Colonia/ Neighborhood Postal/Zip code

Please provide the last 5 years of your employment history leaving no gaps. Please specify the periods you were unemployed or a student.

From (YYYY/MM) **To present**

Current Employer's name:

Street number Street name

Apt. number City Province/State

Country Postal/Zip code Employer's telephone

Occupation

Previous employment (if applicable) From (YYYY/MM) To (YYYY/MM)

Current Employer's name:

Street number Street name

Apt. number City Province/State

Country Postal/Zip code Employer's telephone

Occupation

Previous employment (if applicable) From (YYYY/MM) To (YYYY/MM)

Current Employer's name:

Street number Street name

Apt. number City Province/State

Country Postal/Zip code Employer's telephone

Occupation

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? _____ ◯ Yes ◯ No

Have you ever been approved by Citizenship and Immigration Canada for rehabilitation because of past criminal activity? _____ ◯ Yes ◯ No

Have you ever been found in violation of customs or immigration laws or other federal import laws? _____ ◯ Yes ◯ No

If you have answered YES to any of the above questions, please explain briefly below, including the date and country where you were convicted:

Preferred interview location:

Travel history - If not applicable, please write "NONE"

If you have travelled outside of North America (Canada, the United States and its territories, and Mexico) in the past five years you must list the countries where you have travelled. The list does not have to follow any order but it must include all trips. Please note that visits to England, Scotland, Wales, or Northern Ireland should be labelled as "United Kingdom". If you have visited a particular country more than once, you only have to list the country one time.

US Point of Contact for applicants who reside outside of the US

Full Name

From (YYYY/MM) To (YYYY/MM)

Street number Street name

Apt. number City Province/State

Postal/Zip code Telephone number

SENTRI Legal Guardian Information

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 information:

For applicants under 18 years of age, please complete the following information:

FIRST NAME: ◯ **Male** ◯ **Female**

LAST NAME: **Contact telephone number**

Date of birth (yyyy/mm/dd):

Vehicle Information

CAR MAKE **CAR MODEL** **YEAR**

COLOUR

VEHICLE IDENTIFICATION NUMBER (VIN)

LICENSE PLATE NUMBER **Is this a government issued license plate?** ◯ Yes ◯ No

STATE / PROVINCE OF LICENSE PLATE

ARE YOU THE OWNER OF THE VEHICLE? ◯ **Yes** ◯ **No**

If vehicle is owned by another person or a corporation, you must provide the following details:

NAME OF OWNER/COMPANY NAME

***BIRTH DATE:** ◯ **Male** ◯ **Female**
*If an individual

ADDRESS

CITY **PROVINCE/STATE**

POSTAL/ZIP CODE **PHONE NUMBER**

SUPPLEMENTAL ADDRESS HISTORY PAGE

Full five (5) years address history is required. Please fill out if additional space is needed

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Street Number _____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Street Number _____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Street Number _____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

SUPPLEMENTAL ADDRESS HISTORY PAGE

Full five (5) years address history is required. Please fill out if additional space is needed

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Street Number _____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Street Number _____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Street Number _____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

SUPPLEMENTAL EMPLOYMENT HISTORY PAGE

**Please write in your Employment History for the previous five (5) years. Leave no gaps. If you were/are a student write in "Student". If you were/are unemployed write in "unemployed".

◯ Current ◯ Previous

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Occupation _____

Employer _____

Employer Phone number _____

Street Number _____ Street Name _____

Suite # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

◯ Current ◯ Previous

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Occupation _____

Employer _____

Employer Phone number _____

Street Number _____ Street Name _____

Suite # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

SUPPLEMENTAL EMPLOYMENT HISTORY PAGE

**Please write in your Employment History for the previous five (5) years. Leave no gaps. If you were/are a student write in "Student". If you were/are unemployed write in "unemployed".

◯ Current ◯ Previous

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Occupation _____

Employer _____

Employer Phone number _____

Street Number _____ Street Name _____

Suite # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

◯ Current ◯ Previous

DATE FROM (mm/yyyy): _____ DATE TO (mm/yyyy): _____

Occupation _____

Employer _____

Employer Phone number _____

Street Number _____ Street Name _____

Suite # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____