

# SENTRI CARD (14FV)2KNVU8RG-IDIYTJ.IDIYTJ

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](mailto: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:

# 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)**

<input type="checkbox"/> Permanent resident card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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**

<input type="checkbox"/> Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work permit	Document number	Country of Issuance	Name as it appears on the document	Expiry date (yy/mm/dd)
<input type="checkbox"/> Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 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)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 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	<input type="text"/>	Street name	<input type="text"/>	PO BOX	<input type="text"/>
Apt. number	<input type="text"/>	City	<input type="text"/>	Province/State	<input type="text"/>
Country	<input type="text"/>	Colonia/Neighborhood	<input type="text"/>	Postal/Zip code	<input type="text"/>

**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	<input type="text"/>	Street name	<input type="text"/>	PO BOX	<input type="text"/>
Apt. number	<input type="text"/>	City	<input type="text"/>	Province/State	<input type="text"/>
Country	<input type="text"/>	Colonia/Neighborhood	<input type="text"/>	Postal/Zip code	<input type="text"/>

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

Street number	<input type="text"/>	Street name	<input type="text"/>
Apt. number	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>	Colonia/Neighborhood	<input type="text"/>
		Postal/Zip code	<input type="text"/>

**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



**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 \_\_\_\_\_

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DATE FROM (mm/yyyy): \_\_\_\_\_ DATE TO (mm/yyyy): \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

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DATE FROM (mm/yyyy): \_\_\_\_\_ DATE TO (mm/yyyy): \_\_\_\_\_

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Apartment # \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

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Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

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DATE FROM (mm/yyyy): \_\_\_\_\_ DATE TO (mm/yyyy): \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Apartment # \_\_\_\_\_

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State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_