

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

<h3>SENTRI CARD BASIC SERVICE</h3> <p><input type="checkbox"/> \$154.99</p> <p>\$129.99 service fee \$25 government fee <small>The government fee is non-refundable No government fee is required for applicants under 18 years of age</small></p> <p>50% off service fees for additional family members</p> <p>AVERAGE PROCESSING TIME* 4-8 WEEKS</p> <p><small>* Timeline refers to initial review by the government. Additional delays are possible if the government does additional background checks.</small></p>	<h3>PLEASE NOTE</h3> <p>You will need to pay additional fees on the day of your interview:</p> <p>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.</p> <hr/> <p>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.</p>	<h3>ADDITIONAL INFORMATION</h3> <p>* Initial review of your application entails background checks</p> <p>* Once you have been conditionally approved, we will contact you to schedule an interview; you must schedule this interview within 30 days of approval</p> <p>* Once you attend your interview and have been approved, your card will be mailed to you at the address you provide</p> <p>* Sending incomplete applications will delay processing</p>
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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

CVW Code

Billing Address

Cardholder Signature

What is the CVW 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)

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:

<input type="checkbox"/> Passport	<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)
<input type="checkbox"/> Passport (2)	<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)
<input type="checkbox"/> Citizenship document	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	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)	<input type="text"/>	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)	<input type="text"/>	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"/>	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 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 _____

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

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

Street Number _____ Street Name _____

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Zip/Postal Code _____

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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 _____