

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
SENTRI Application

Approved OMB No. 1651-0121
 Exp. 8-31-2014

1. Applicant's age is 14 years or younger (check box) <input type="checkbox"/>	
1a. (Check one box only) <input type="checkbox"/> First time applicant without vehicle <input type="checkbox"/> Applicant renewal <input type="checkbox"/> Card replacement <input type="checkbox"/> First time applicant with vehicle <input type="checkbox"/> Add vehicle <input type="checkbox"/> Vehicle decal replacement	1b. SENTRI ID

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth (yyyy/mm/dd)
8. Place of birth City		Country		State	
9. Citizenship (Check all that apply.) <input type="checkbox"/> Canadian citizen <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Mexican citizen <input type="checkbox"/> Other (Must Specify) _____				10. Residence <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Mexico	
11. Proof of citizenship/residency/immigration status (Attach copies)					
<input type="checkbox"/> U.S. Alien Registration No. _____ or <input type="checkbox"/> Border Crossing Card No. _____ <input type="checkbox"/> Birth Certificate No. _____ <input type="checkbox"/> Passport No. _____ Country of Issuance _____ (Expiration Date) (yyyy/mm/dd) <input type="checkbox"/> Other Type of Document _____ No. _____ (Expiration Date) (yyyy/mm/dd) <input type="checkbox"/> 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) As of what date?		13. Street Address		Apt. No.	14. City		15. Colonia/Neighborhood			
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) From:		(yyyy/mm) To:		28. Street Address			Apt. No.	29. City		
30. Colonia/Neighborhood			31. Country			32. State			33. Postal/Zip Code	
34. (yyyy/mm) From:		(yyyy/mm) To:		35. Street Address			Apt. No.	36. City		
37. Colonia/Neighborhood			38. Country			39. State			40. Postal/Zip Code	
41. (yyyy/mm) From:		(yyyy/mm) To:		42. Street Address			Apt. No.	43. City		
44. Colonia/Neighborhood			45. Country			46. State			47. Postal/Zip Code	

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0121. The estimated average time to complete this application is 40 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS (if applicable)

48. Current employer (yyyy/mm) (yyyy/mm)		49. Employer's name	
From:	To:		
50. Street Address		Apt. No.	51. City
		52. Colonia/Neighborhood	
53. Country		54. State	55. Postal/Zip Code
		56. Telephone number Ext.	
57. Occupation			

Previous Employer name and address if current employer is less than five years (employment history continued on page 4).

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

SECTION D - ADDITIONAL INFORMATION

66.

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

What country were you convicted in? _____

Have you ever received a waiver of inadmissibility to the U.S. from 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 - UNITED STATES CONTACT INFORMATION

Note: If U.S. contact information is not completed, Customs and Border Protection (CBP) will attempt to contact applicant via telephone for U.S. contact information. **Application will not be accepted, if no U.S. contact information is available.**

67. Full Name		
68. Street Address		
69. U.S. City		U.S. State
		Postal/Zip Code

SECTION F - VEHICLE DATA

Note: An applicant does **not** have to provide vehicle data to enroll in SENTRI (i.e. carpool). However, if an applicant wishes to utilize their vehicle in the SENTRI lane, he or she **must** provide the vehicle data. Vehicle can only be registered for those persons age 18 and over.

70. Make		
71. Model		
72. Year		
73. Color		
74. VIN No.		
75. License Plate No.		
76. Country		77. State
Registered Owner Information		
78. Last/Paternal Name		78a. Maternal name
79. First name		79a. Middle name (in full)
		79b. Suffix
80. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		81. Date of Birth (yyyy/mm/dd)

SECTION G - FEE PAYMENT (non-refundable)

82.

All credit card fees will be processed as U.S. funds

VISA

MasterCard

Please submit the amount below in US currency only.

I am enclosing a certified check or money order payment

Discover

American Express

\$

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

Card no.	Expiration Date (yyyy/mm)
Card holder's name (please print)	
Card holder's signature	

SECTION H - CERTIFICATION

83.

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 SENTRI program, including all instructions and notices accompanying this application.

Applicant	Name (please 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.

Please mail or take your completed application along with application fee to the nearest SENTRI Enrollment Center. Locations and addresses of SENTRI Enrollment Centers can be found at www.SENTRI.gov.

**DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
SENTRI Application - Continuation Sheet**

Approved OMB No. 0651-0121
Exp. 10-31-2010

1b. SENTRI ID

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 <input type="checkbox"/> Male <input type="checkbox"/> Female
			7. Date of Birth (yyyy/mm/dd)

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS - continued

Previous residential addresses if current residence is less than five years (address history continued from page 1).

1. (yyyy/mm)	To: (yyyy/mm)	2. Street Address		Apt. No.	3. City	
4. Colonia/Neighborhood	5. Country		6. State		7. Postal/Zip Code	
8. (yyyy/mm)	To: (yyyy/mm)	9. Street Address		Apt. No.	10. City	
11. Colonia/Neighborhood	12. Country		13. State		14. Postal/Zip Code	
15. (yyyy/mm)	To: (yyyy/mm)	16. Street Address		Apt. No.	17. City	
18. Colonia/Neighborhood	19. Country		20. State		21. Postal/Zip Code	
22. (yyyy/mm)	To: (yyyy/mm)	23. Street Address		Apt. No.	24. City	
25. Colonia/Neighborhood	26. Country		27. State		28. Postal/Zip Code	

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS - continued

Previous Employer name and address if current employer is less than five years (employment history continued from page 2).

1. (yyyy/mm)	To: (yyyy/mm)	2. Employer's name		3. Street Address		Apt. No.
4. City	5. Colonia/Neighborhood	6. Country		7. State	8. Postal/Zip Code	
9. (yyyy/mm)	To: (yyyy/mm)	10. Employer's name		11. Street Address		Apt. No.
12. City	13. Colonia/Neighborhood	14. Country	15. State		16. Postal/Zip Code	
17. (yyyy/mm)	To: (yyyy/mm)	18. Employer's name		19. Street Address		Apt. No.
20. City	21. Colonia/Neighborhood	22. Country	23. State		24. Postal/Zip Code	
25. (yyyy/mm)	To: (yyyy/mm)	26. Employer's name		27. Street Address		Apt. No.
28. City	29. Colonia/Neighborhood	30. Country	31. State		32. Postal/Zip Code	
33. (yyyy/mm)	To: (yyyy/mm)	34. Employer's name		35. Street Address		Apt. No.
36. City	37. Colonia/Neighborhood	38. Country	39. State		40. Postal/Zip Code	