

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection  
**FAST Commercial Driver Application - MX**

Approved OMB No. 1651-0121  
Exp. 1-31-2014

**Please type or print**

1a. (Check one box only)    First time applicant    Renewal    Replacement	1b. Border crossings most frequently used (Example, Laredo)
If renewal or replacement, current FAST Card No: _____	

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

48. Current employer (yyyy/mm)		49. Employer's name	
<b>From:</b>	<b>To:</b>		
50. Street Address, incl. Apt. No.		51. City	52. Colonia/Neighborhood
53. State	54. Postal/Zip code	55. Country	56. Telephone number Ext.
57. Occupation (attach separate sheet if necessary).			
Previous Employer name and address if current employer is less than five years (attach separate sheet if necessary).			
58. (yyyy/mm)		59. Employer's name	
<b>From:</b>	<b>To:</b>		
60. Street Address, incl. Apt. No.	61. City	62. Colonia/Neighborhood	63. State
		64. Postal/Zip code	65. Country

**SECTION D - ADDITIONAL INFORMATION**

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

What country were you convicted in? \_\_\_\_\_

If yes, have you ever received a waiver of inadmissibility to the U.S. from the 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 - CERTIFICATION**

67. 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 FAST program, including all instructions and notices accompanying this application.

Applicant	Name (print)	Signature	Date (yyyy/mm/dd)
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**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 fee to the nearest U.S./Mexico FAST Enrollment Center. Locations and addresses of U.S./Mexico FAST Enrollment Centers can be found at [www.FASTDRIVER.gov](http://www.FASTDRIVER.gov)

**SECTION F - FEE PAYMENT (non-refundable)**

69. The fee for an applicant to the FAST program is \$50.00 US only  
All credit card fees will be processed as U.S. funds

I am enclosing a certified check or money order payment

Visa       MasterCard  
 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