

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

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

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. City <b>Place of birth</b> ▶		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) <b>As of what date?</b>		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) <b>From:</b>		(yyyy/mm) <b>To:</b>		28. Street Address			Apt. No.	29. City	
30. Colonia/Neighborhood			31. Country			32. State			33. Postal/Zip Code
34. (yyyy/mm) <b>From:</b>		(yyyy/mm) <b>To:</b>		35. Street Address			Apt. No.	36. City	
37. Colonia/Neighborhood			38. Country			39. State			40. Postal/Zip Code
41. (yyyy/mm) <b>From:</b>		(yyyy/mm) <b>To:</b>		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](http://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)	2. (yyyy/mm)	2. Street Address		Apt. No.	3. City	
From:	To:					
4. Colonia/Neighborhood		5. Country		6. State		7. Postal/Zip Code
8. (yyyy/mm)	9. (yyyy/mm)	9. Street Address		Apt. No.	10. City	
From:	To:					
11. Colonia/Neighborhood		12. Country		13. State		14. Postal/Zip Code
15. (yyyy/mm)	16. (yyyy/mm)	16. Street Address		Apt. No.	17. City	
From:	To:					
18. Colonia/Neighborhood		19. Country		20. State		21. Postal/Zip Code
22. (yyyy/mm)	23. (yyyy/mm)	23. Street Address		Apt. No.	24. City	
From:	To:					
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)	2. (yyyy/mm)	2. Employer's name		3. Street Address		Apt. No.
From:	To:					
4. City		5. Colonia/Neighborhood		6. Country		7. State
8. Postal/Zip Code						
9. (yyyy/mm)	10. (yyyy/mm)	10. Employer's name		11. Street Address		Apt. No.
From:	To:					
12. City		13. Colonia/Neighborhood		14. Country		15. State
16. Postal/Zip Code						
17. (yyyy/mm)	18. (yyyy/mm)	18. Employer's name		19. Street Address		Apt. No.
From:	To:					
20. City		21. Colonia/Neighborhood		22. Country		23. State
24. Postal/Zip Code						
25. (yyyy/mm)	26. (yyyy/mm)	26. Employer's name		27. Street Address		Apt. No.
From:	To:					
28. City		29. Colonia/Neighborhood		30. Country		31. State
32. Postal/Zip Code						
33. (yyyy/mm)	34. (yyyy/mm)	34. Employer's name		35. Street Address		Apt. No.
From:	To:					
36. City		37. Colonia/Neighborhood		38. Country		39. State
40. Postal/Zip Code						