

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

Approved OMB No. 1651-0121
Exp. 2-28-2022

Please type or print

1a. (Check one box only) First time applicant Renewal Replacement If renewal or replacement, current FAST Card No: _____	1b. Border crossings most frequently used (Example, Laredo) _____
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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	
8. Place of birth 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) _____	
Other Type of document _____		No. _____		(Expiration Date) _____	
Drivers license No. _____		(Attach Copy)		State and Country of Issuance _____	
(Expiration Date) _____					

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS

12. Current address (yyyy/mm) _____		13. Street Address _____		Apt. No. _____		14. City _____		15. Colonia/Neighborhood _____		
As of what date?										
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. From: _____		To: _____		28. Street Address _____			Apt. No. _____		29. City _____	
30. Colonia/Neighborhood _____			31. Country _____			32. State _____		33. Postal/Zip Code _____		
34. From: _____		To: _____		35. Street Address _____			Apt. No. _____		36. City _____	
37. Colonia/Neighborhood _____			38. Country _____			39. State _____		40. Postal/Zip Code _____		
41. From: _____		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

48. Current employer From: _____ To: _____		49. Employer's name			
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. From: _____ To: _____		59. Employer's name			
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
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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

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	Card holder's name (please print)
		Card holder's signature