DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

SENTRI Application

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

1. Applicant's age is 14 years or younger (check box) ☐

1a. (Check one box only) ☐ First time applicant without vehicle ☐ Applicant renewal ☐ Card replacement ☐ First time applicant with vehicle ☐ Add vehicle ☐ 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 ☐ Male ☐ Female

7. Date of Birth

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 **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. **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 (if applicable)

48. Current employer **From:**	**To:**	49. Employer's name	
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. **From:**	**To:**	59. Employer's name	60. Street Address	Apt. No.
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? ..... ☐ N o ☐ 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 ☐ Male ☐ Female	81. Date of Birth	

SECTION G - FEE PAYMENT (non-refundable)

82.

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

Please submit the amount below in US currency only.

☐ 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

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

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 ☐ Male ☐ 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) **From:**	(yyyy/mm) **To:**	2. Street Address	Apt. No.	3. City
4. Colonia/Neighborhood	5. Country	6. State		7. Postal/Zip Code
8. (yyyy/mm) **From:**	(yyyy/mm) **To:**	9. Street Address	Apt. No.	10. City
11. Colonia/Neighborhood	12. Country	13. State		14. Postal/Zip Code
15. (yyyy/mm) **From:**	(yyyy/mm) **To:**	16. Street Address	Apt. No.	17. City
18. Colonia/Neighborhood	19. Country	20. State		21. Postal/Zip Code
22. (yyyy/mm) **From:**	(yyyy/mm) **To:**	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) **From:**	(yyyy/mm) **To:**	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) **From:**	(yyyy/mm) **To:**	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) **From:**	(yyyy/mm) **To:**	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) **From:**	(yyyy/mm) **To:**	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) **From:**	(yyyy/mm) **To:**	34. Employer's name	35. Street Address	Apt. No.
36. City	37. Colonia/Neighborhood	38. Country	39. State	40. Postal/Zip Code