SENTRI APPLICATION FORM FOR CHILDREN UNDER 18

INSTRUCTIONS:

- 1. Please complete one SENTRI application form per person. Complete the address and employment fields for the last five years in full, leaving NO gaps (including when unemployed or student)
- 2. Make sure you have entered your identity documents data correctly. You may attach clear copies of your identity and citizenship documents if you wish (driver licence, passport, PR card).
- 3. Send your entire completed package using one of the following methods: FAX application package to (832) 201-9600 OR SAVE application and email to info@passport-visa-service.com

Please note: We do not accept postal applications. We cannot process your application if you have not paid our service fee. You can pay it here.

DISCLAIMER

By submitting an application and paying our service fee, I agree with the following:

- 1. I understand that Passport and Visa Service Ltd and its website www. passport-visa-service.com are not part of a government agency but a private company.
- 2. At your interview, you will be charged additionally a non-refundable **\$14.50** fingerprint fee for applicants between 14 years and 18 years of age.
- 3. Processing times vary by applicant, but on average you can expect your application to be processed within 3-5 months. The vetting process cannot be expedited.
- 4. Passport and Visa Service Ltd is not responsible for applicants who are denied by CBP and will not refund the fees paid.
- 5. I understand I am using Passport and Visa Service Ltd to apply for my SENTRI card and I agree to the <u>Refund Policy</u> and <u>Privacy Policy</u>, <u>Terms of Use</u> section of their website www.passport-visa-service.com

PRINT NAME	DATE:	
)

PERSONAL INFORMATION

Please enter all information exactly as it appears in your passport

LAST NAME	FIRST NAME	
MIDDLE NAME	OTHER NAME	
DATE OF BIRTH yyyy/mm/dd	GENDER MALE FEMALE	
COUNTRY OF BIRTH	HEIGHT EYE COLOR	
CITY OF BIRTH	STATE/PROVINCE OF BIRTH	
PARENT/GUAL	RDIAN DETAILS	
FIRST NAME MIDDLE NAME	SURNAME	
DATE OF BIRTH yyyy/mm/dd	GENDER MALE FEMALE	
CONTACT	T DETAILS	
PRIMARY PHONE #	EMAIL ADDRESS	
CITIZENSHIP 8	& NATIONALITY	
YOU ARE A: US CITIZEN CANADIAN CITIZEN	US PERMANENT RESIDENT CANADIAN PERMANENT RESIDENT	
PASSPORT NUMBER	COUNTRY OF ISSUANCE	
DATE OF EXPIRY yyyy/mm/dd		
NAME ON PASSPORT		
VISA OR PR CARD NUMBER	TYPE OF DOCUMENT:	
DATE OF EXPIRY yyyy/mm/dd	COUNTRY OF ISSUANCE	
NAME ON VISA OR PR CARD		
DRIVER'S LICENCE INFORMATION		
DRIVER'S LICENCE NUMBER	DATE OF EXPIRY yyyy/mm/dd	
EXACT NAME ON LICENCE	CHECK HERE IF THIS IS AN ENHANCED DRIVERS LICENCE /EDL/	
COUNTRY OF ISSUANCE	STATE/PROVINCE OF ISSUANCE	
CHECK HERE IF THIS IS A COMMERCIAL DRIVERS LICENCE /CDL/	CHECK HERE IF THERE IS HAZMAT ENDORSEMENT ON THE CDL	

ADDRESS HISTORY FOR THE LAST 5 YEARS

STREET NUMBER	STREET NAME	FROM YYYY/MM
CITY	COUNTRY	TO PRESENT
STATE/PROVINCE	POSTAL/ZIP CODE	
MAILING ADDR	ESS /if different to your current address/	
STREET NUMBER	STREET NAME	FROM YYYY/MM
CITY	COUNTRY	TO PRESENT
STATE/PROVINCE	POSTAL/ZIP CODE	
STREET NUMBER	STREET NAME	FROM YYYY/MM
CITY	COUNTRY	то үүүү/мм
STATE/PROVINCE		
STREET NUMBER	STREET NAME	FROM YYYY/MM
CITY	COUNTRY	то үүүү/мм
STATE/PROVINCE		
STREET NUMBER	STREET NAME	FROM YYYY/MM
CITY	COUNTRY	то үүүү/мм
STATE/PROVINCE		
STREET NUMBER	STREET NAME	FROM YYYY/MM
CITY	COUNTRY	то үүүү/мм
STATE/PROVINCE		

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

EMPLOYMENT STATU	JS	FROM YYYY/MM TO PRESENT
JOB TITLE		CURRENT EMPLOYER
STREET NUMBER	STREET NAME	EMPLOYER'S PHONE
CITY	COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATU	JS	FROM YYYY/MM TO YYYY/MM
JOB TITLE		EMPLOYER
STREET NUMBER	STREET NAME	EMPLOYER'S PHONE
CITY	COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATU	JS	FROM YYYY/MM TO YYYY/MM
JOB TITLE		EMPLOYER
STREET NUMBER	STREET NAME	EMPLOYER'S PHONE
CITY	COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
EMPLOYMENT STATU	JS	FROM YYYY/MM TO YYYY/MM
JOB TITLE		EMPLOYER
STREET NUMBER	STREET NAME	EMPLOYER'S PHONE
CITY	COUNTRY	STATE/PROVINCE POSTAL/ZIP CODE
TRAVEL HISTORY Please list all the countries you have traveled to in the last 5 years besides Canada, USA and Mexico.		

ADDITIONAL INFORMATION

(they you ever received a waiver of inadmissibility to the USA from a US government agency) NO	Have you ever been	convicted of a criminal offense (including misdemeanor or felony traffic violations) in the USA or any other country?
ROO YES Have you ever been in violation of US customs laws? Have you aver been found in violation of immigration laws? Have you aver been found in violation of immigration laws? NO	□ NO □	YES
Have you ever been in violation of US customs laws? NO	Have you ever receiv	red a waiver of inadmissibility to the USA from a US government agency?
Rave you ever been found in violation of immigration laws?	NO D	YES
Have you ever been found in violation of immigration laws? IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE EXACT DETAILS BELOW: VEHICLE INFORMATION CAR MAKE CAR MODEL VIEN VIN NUMBER VIN NUMBER OWNER NAME OWNER ADDRESS OWNER ADDRESS OWNER ADDRESS OWNER D.O.B (yyyy/mm/dd) MEXICAN CITIZENS MUST PROVIDE: U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE STREET ADDRESS ZIP CODE	Have you ever been	in violation of US customs laws?
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE EXACT DETAILS BELOW: VEHICLE INFORMATION CAR MAKE CAR MODEL VEAR LICENCE PLATE NUMBER STATE WHERE LICENCE PLATE WAS ISSUED OWNER ADDRESS OWNER ADDRESS OWNER ADDRESS OWNER D.O.B. (yyyy/mm/dd) MEXICAN CITIZENS MUST PROVIDE: U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STREET ADDRESS ZIP CODE	□ NO □ Y	ES
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VEHICLE INFORMATION CAR MAKE CAR MODEL LICENCE PLATE NUMBER VIN NUMBER VIN NUMBER OWNER ADDRESS OWNER ADDRESS OWNER D.O.B (yyyy/mm/dd) MEXICAN CITIZENS MUST PROVIDE: U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE STREET ADDRESS ZIP CODE	□ NO □ Y	ES
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CAR MAKE CAR MODEL YEAR LICENCE PLATE NUMBER VIN NUMBER STATE WHERE LICENCE PLATE WAS ISSUED OWNER ADDRESS OWNER ADDRESS OWNER PHONE OWNER D.O.B (yyyy/mm/dd) MEXICAN CITIZENS MUST PROVIDE: U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE STREET ADDRESS ZIP CODE		
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MEXICAN CITIZENS MUST PROVIDE: U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE ZIP CODE	OWNER ADDRESS	OWNER ADDRESS
U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE ZIP CODE	OWNER PHONE	OWNER D.O.B (yyyy/mm/dd)
U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE ZIP CODE		
U.S. CONTACT FULL NAME AS OF DATE: YYYY/MM STATE ZIP CODE		MEYICAN CITIZENS MUST DDOVIDE:
FULL NAME AS OF DATE: YYYY/MM STATE ZIP CODE	U.S. CONTA	
AS OF DATE: YYYY/MM STATE ZIP CODE	Г	
STREET ADDRESS ZIP CODE	FULL NAME	
	AS OF DATE: YYYY/	YMM STATE
CITY PHONE NUMBER	STREET ADDRESS	ZIP CODE
	CITY	PHONE NUMBER

CONFIRMATION

- E	I CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. By signing below and paying the service fee I agree and understand Passport and Visa's Terms of Use and
	Refund Policy described on their website: passport-visa-service.com
PRI	INT NAME