

# SENTRI CARD REPLACEMENT APPLICATION FORM

## INSTRUCTIONS:

1. Please complete one application form per person. Complete all fields, leaving NO gaps
2. Make sure you have entered your data correctly.
3. Send your application form using one of the following methods:  
FAX application package to (832) 201-9600 OR SAVE application and email to [info@passport-visa-service.com](mailto: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](http://www.passport-visa-service.com) are not part of a government agency but a private company.
2. The replacement of SENTRI card will cost you \$49.95 service fee plus \$25 government fee. You need to pay the first fee through CCBill to start this process. Once your card is replaced, we will pay the government fee (\$25) with the provided credit card.
3. Passport and Visa Service Ltd will not refund the fees paid.
4. I understand I am using Passport and Visa Service Ltd to apply for replacement of my SENTRI card and I agree to the [Refund Policy](#) and [Privacy Policy](#), [Terms of Use](#) section of their website [www.passport-visa-service.com](http://www.passport-visa-service.com)

PRINT NAME

DATE:

PASS ID

Expiry Date

## **PERSONAL INFORMATION**

Please enter all information exactly as it appears in your passport

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>		
MIDDLE NAME	<input type="text"/>	OTHER NAME	<input type="text"/>		
DATE OF BIRTH yyyy/mm/dd	<input type="text"/>	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
COUNTRY OF BIRTH	<input type="text"/>	HEIGHT	<input type="text"/>	EYE COLOR	<input type="text"/>
CITY OF BIRTH	<input type="text"/>	STATE OF BIRTH	<input type="text"/>		

## **CONTACT DETAILS**

PRIMARY PHONE #	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>
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## **CITIZENSHIP & NATIONALITY**

YOU ARE A:	<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> US PERMANENT RESIDENT	<input type="checkbox"/> MEXICAN CITIZEN	<input type="checkbox"/> OTHER
PASSPORT NUMBER	<input type="text"/>	COUNTRY OF ISSUANCE	<input type="text"/>	
DATE OF ISSUE yyyy/mm/dd	<input type="text"/>	DATE OF EXPIRY yyyy/mm/dd	<input type="text"/>	
NAME ON PASSPORT	<input type="text"/>			
PERMANENT RESIDENT CARD NUMBER	<input type="text"/>			
DATE OF EXPIRY yyyy/mm/dd	<input type="text"/>	COUNTRY OF ISSUANCE	<input type="text"/>	
NAME ON CARD	<input type="text"/>			

## **DRIVER'S LICENCE INFORMATION**

DRIVER'S LICENCE NUMBER	<input type="text"/>	DATE OF EXPIRY yyyy/mm/dd	<input type="text"/>
EXACT NAME ON LICENCE	<input type="text"/>	<input type="checkbox"/> CHECK HERE IF THIS IS AN ENHANCED DRIVERS LICENCE /EDL/	
COUNTRY OF ISSUANCE	<input type="text"/>	STATE OF ISSUANCE	<input type="text"/>
<input type="checkbox"/> CHECK HERE IF THIS IS A COMMERCIAL DRIVERS LICENCE /CDL/		<input type="checkbox"/> CHECK HERE IF THERE IS HAZMAT ENDORSEMENT ON THE CDL	

**CURRENT ADDRESS**

STREET NUMBER <input type="text"/>	STREET NAME <input type="text"/>	FROM YYYY/MM <input type="text"/>
CITY <input type="text"/>	COUNTRY <input type="text"/>	<b>TO PRESENT</b>
STATE <input type="text"/>	ZIP CODE <input type="text"/>	

**MAILING ADDRESS /if different to your current address/**

STREET NUMBER <input type="text"/>	STREET NAME <input type="text"/>	FROM YYYY/MM <input type="text"/>
CITY <input type="text"/>	COUNTRY <input type="text"/>	<b>TO PRESENT</b>
STATE <input type="text"/>	ZIP CODE <input type="text"/>	

**GOVERNMENT FEE PAYMENT**

Your card details are needed to pay the additional \$25 government replacement fee. Your application will not be processed without this.

<input type="checkbox"/> I agree to be charged \$25 government replacement fee
<input type="checkbox"/> I understand that the government fee is non-refundable

Cardholder Name <input type="text"/>	Card Number <input type="text"/>
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Billing Address <input type="text"/>	Expiry Date <input type="text"/>
<input type="text"/>	CVV Code <input type="text"/>

What is the CVV code? (The last 3 digits on the back of the card above the signature or 4 digits for American Express on the front above the card number)

Sign/type authorization

**CONFIRMATION**

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](http://passport-visa-service.com)

PRINT NAME