

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

Approved OMB No. 1653-0010

Please type or print

1a. (Check one box only) <input type="checkbox"/> First time applicant <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement If renewal or replacement, current FAST Card No: _____	1b. Border crossings most frequently used (Example, Laredo) _____
--	---

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 (ccyy/mm/dd) _____	
8. Place of birth City _____		State _____		Country _____			
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) (ccyy/mm/dd) <input type="checkbox"/> Other Type of document _____ No. _____ (Expiration Date) (ccyy/mm/dd) <input type="checkbox"/> Drivers license No. _____ (Attach Copy) _____ State and Country of Issuance _____ (Expiration Date) (ccyy/mm/dd)							

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS

12. Current address (ccyy/mm) _____ As of what date?		13. Street Address, incl. Apt. No. _____		14. City _____		15. Colonia/Neighborhood _____			
16. State _____		17. Postal/Zip code _____		18. Country _____		19. Home telephone _____		20. Business telephone/Cell phone number _____ Ext. _____	
Mailing address if different from residential address									
21. Street Address, incl. Apt. No. _____						22. City _____			
23. Colonia/Neighborhood _____				24. State _____		25. Postal/Zip code _____		26. Country _____	
Previous residential addresses if current residence is less than five years (attach a separate sheet if necessary).									
27. (ccyy/mm) _____ From:		(ccyy/mm) _____ To:		28. Street Address, incl. Apt. No. _____				29. City _____	
30. Colonia/Neighborhood _____				31. State _____		32. Postal/Zip code _____		33. Country _____	
34. (ccyy/mm) _____ From:		(ccyy/mm) _____ To:		35. Street Address, incl. Apt. No. _____				36. City _____	
37. Colonia/Neighborhood _____				38. State _____		39. Postal/Zip code _____		40. Country _____	
41. (ccyy/mm) _____ From:		(ccyy/mm) _____ To:		42. Street Address, incl. Apt. No. _____				43. City _____	
44. Colonia/Neighborhood _____				45. State _____		46. Postal/Zip code _____		47. Country _____	

Continued on reverse

According to the Paperwork Reduction Act, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this Information Collection is 1653-0010. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

48. Current employer (ccyy/mm)		49. Employer's name	
From:	To:		
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. (ccyy/mm)		59. Employer's name	
From:	To:		
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 (ccyy/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.

Send your Completed form and photocopies of the required documents to:

FAST Commercial Driver Program Customs & Border Protection Box 371124 Pittsburgh, PA 15251-7124	For Expedited delivery service, please send to: Customs and Border Protection Attn: 371124 500 Ross St. 154-0640 Pittsburgh, PA 15250
--	--

FOR OFFICE USE ONLY

68. <input type="checkbox"/> The applicant has paid the application processing fee.	Application No.	FAST ID No.
---	-----------------	-------------

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

Card holder's name (please print) _____

Once an application has been processed, absolutely no refunds will be granted. No exceptions.

Card no.	Expiration Date	(ccyy/mm)	Card holder's signature
----------	-----------------	-----------	-------------------------