

**U.S. DEPARTMENT OF HOMELAND SECURITY
Customs and Border Protection (CBP)**

Approved OMB No. 1651-XXXX

FAST Commercial Driver Application - MX

Please type or print

1a. <input type="checkbox"/> First time applicant <input type="checkbox"/> Renewal or Replacement <input type="checkbox"/> Address Change and Personal Information Update Current Card # _____	1b. Border crossings most frequently used _____
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SECTION A - PERSONAL INFORMATION

2. Last/Paternal Name	2a. Maternal name	3. First name	4. Middle name (in full)
5. Other names used (e.g., maiden name, former name) _____		6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Date of birth _____		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 (Please specify) _____			10. Residence <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Mexico
11. Proof of citizenship/residency/immigration status (Attach two copies of proof of citizenship, residency and drivers license.)			
<input type="checkbox"/> Border Crossing Card No. _____ Issuance Date _____ (Expiration Date) _____			
<input type="checkbox"/> Birth certificate No. _____		<input type="checkbox"/> Passport No. _____ Country of issuance _____ (Expiration Date) _____	
<input type="checkbox"/> Citizenship card No. _____		<input type="checkbox"/> Permanent resident document No. _____ <input type="checkbox"/> U.S. Alien Registration No. _____	
<input type="checkbox"/> Other Type of document _____ No. _____ (Expiration Date) _____			
<input type="checkbox"/> Drivers license No. _____ Country of issuance _____ (Expiration Date) _____			
<input type="checkbox"/> Mexico Gafete No. _____			

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS

12. Current address 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. From:	28. To:	28. Street Address, incl. Apt. No.	29. City
30. Colonia/Neighborhood		31. State	32. Postal/Zip code
		33. Country	
34. From:	35. To:	35. Street Address, incl. Apt. No.	36. City
37. Colonia/Neighborhood		38. State	39. Postal/Zip code
		40. Country	
41. From:	42. To:	42. Street Address, incl. Apt. No.	43. City
44. Colonia/Neighborhood		45. State	46. Postal/Zip code
		47. Country	

Continued on reverse

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

48. Current employer		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					
Previous Employer name and address if current employer is less than five years (attach separate sheet if necessary).					
58.		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? _____

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)
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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 request information. 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

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

SECTION F - FEE PAYMENT (non-refundable)

69. The combined fee for an applicant to the FAST program is \$50.00 US only All credit card fees will be processed as U.S. funds		Card holder's name
<input type="checkbox"/> I am enclosing a certified check or money order payment	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card holder's signature
Once an application has been processed, absolutely no refunds will be granted. No exceptions.		
Card no.	Expiration Date (ccyy/mm)	