



NEXUS MARINE APPLICATION



Existing NEXUS Highway participants need not complete this application as enrolment in NEXUS Marine is automatic.

Please type or print. A separate payment and application form are required for each applicant.

1. Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	2. Are you a CANPASS Private Boat member? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Will you use the NEXUS Highway program? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> First time applicant <input type="checkbox"/> Renewal or Replacement
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SECTION A - PERSONAL INFORMATION

5. Last name	6. First name	7. Middle name (in full)
8. Other names (e.g., maiden name, former name)	Nickname	9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Date of birth Year Month Day	11. Place of birth <input type="checkbox"/> City <input type="checkbox"/> Province/State <input type="checkbox"/> Country	
12. Citizenship (<i>Please specify your country of Citizenship.</i>) <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other (Please specify) _____		
13. Proof of citizenship (<i>A photocopy of the document must be attached.</i>) <input type="checkbox"/> Passport No. _____ Country of issuance _____ Year Month Day (Expiry date) <input type="checkbox"/> Citizenship card No. _____ <input type="checkbox"/> Birth certificate No. _____ Year Month Day (Expiry date) <input type="checkbox"/> Other <input type="checkbox"/> Type of document _____ No. _____ Year Month Day (Expiry date)		
14. Permanent resident status (Complete only if applicable.) <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other (Please specify) _____		
15. Proof of permanent resident status (<i>A photocopy of the document must be attached.</i>) <input type="checkbox"/> Immigration Record of Landing in Canada No. _____ <input type="checkbox"/> United States Alien Registration No. _____ Year Month Day (Expiry date) <input type="checkbox"/> Canadian Permanent Resident Card No. _____ Year Month Day (Expiry date) <input type="checkbox"/> Other <input type="checkbox"/> Type of document _____ No. _____ Year Month Day (Expiry date)		
16. Proof of where you live (<i>A photocopy of the document must be attached. Applicant must have resided in Canada and/or the United States continuously for the last 3 years prior to this application.</i>) <input type="checkbox"/> Drivers licence No. _____ Province/State of issue _____ Year Month Day (Expiry date) <input type="checkbox"/> Other <input type="checkbox"/> Type of document _____ No. _____ Year Month Day (Expiry date)		

SECTION B - RESIDENTIAL ADDRESS HISTORY FOR THE LAST 5 YEARS

17. Current address Since: Year Month	18. Street address	19. Apt.	20. City
21. Province/State	22. Postal/Zip code	23. Country	24. Home telephone () - () - Ext.
25. Business telephone () - () - Ext.			
Mailing address (if different from residential address)			
26. Street address			27. Apt.
28. City	29. Province/State	30. Postal/Zip code	31. Country
Previous residential addresses if current residence is less than five years (Attach a separate sheet if necessary.)			
32. From: Year Month To: Year Month	33. Street address		34. Apt.
35. City	36. Province/State	37. Postal/Zip code	38. Country

SECTION C - FEE PAYMENT (non-refundable) No fee is required for applicants under 18 years of age.

39. The combined Canada/United States processing fee is \$80.00 Canadian OR \$50.00 U.S. A separate payment and application form are required for each applicant.
 • All credit card fees will be processed in Canadian funds only. • Payment in Canadian funds can be made by certified cheque or money order.
 • Payment in U.S. funds can be made by certified cheque drawn on a United States bank account or by an international money order.
Note: Fees are for the service of processing the application and are non-refundable.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Card holder's name	Card holder's signature
Card no. _____		Expiry date <input type="checkbox"/> MM YY
<input type="checkbox"/> I am enclosing a certified cheque or international money order payable to the Receiver General for Canada.		

SECTION D - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

40. Current employer Since: Year Month		41. Employer's name				
42. Street address			43. Apt.	44. City		
45. Province/State		46. Postal/Zip code	47. Country		48. Telephone number () - Ext.	
49. If self-employed please specify type of employment.						
Previous employer name and address if current employer is less than five years (Attach a separate sheet if necessary.)						
50. From: Year Month		To: Year Month		51. Employer's name		
52. Street address			53. Apt.	54. City	55. Province/State	
					56. Postal/Zip code	
					57. Country	

SECTION E - TRAVEL INFORMATION

58. What is the primary purpose of travel?
 Pleasure Business/Work Study Other (Please specify) _____

SECTION F - ADDITIONAL INFORMATION

59. Have you ever been convicted of an offence in any country for which you have not received a pardon? Yes No
 If you have answered YES, please give details (Attach a separate sheet if necessary.):

For background checks, you may be questioned by an Officer about your full criminal history, including arrests and pardons.

SECTION G - NON-CUSTODIAL ADULTS

Non-custodial adult parents or guardians must attach a copy of supporting documents such as a court order or letter of authorization if this application is for a child under the age of 18 who will be travelling with the non-custodial adult.

SECTION H - CERTIFICATION

UNITED STATES PRIVACY ACT STATEMENT	CANADA'S PRIVACY 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. 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.	The information you provide on this form, including supporting documentation and biometric data, is collected under the <i>Customs Act</i> and is protected under the <i>Privacy Act</i> . The information will be used to make a determination of your application and the operation of the programs, and may be shared with other government agencies in Canada and the United States of America. Instructions for obtaining information are provided in <i>Infosource</i> which is available at public libraries, Government public reading rooms and on the Internet at: http://infosource.gc.ca . All applicants are subject to a check of criminal information databases and other immigration and customs databases in order to determine eligibility for the program.		
60. 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 will be shared among Customs and Immigration authorities in both Canada and the United States 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 NEXUS programs, including all instructions and notices accompanying this application.			
Applicant or parent/legal guardian if applicant is under the age of 18	Name (print)	Signature	Date

Please note that your application will be returned to you if it is improperly completed.

FOR OFFICE USE ONLY	<input type="checkbox"/> The applicant has paid the application processing fee.	CPC No.	GES No.

Mail your signed application, photocopies of documents and fee/payment information to:

NEXUS PROGRAM
Ontario/Michigan
 4551 Zimmerman Avenue
 P.O. Box 126
 Niagara Falls ON L2E 6T1
 CANADA

How did you hear about the NEXUS Marine program? (Check all boxes that apply.)

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Customs and Immigration staff	<input type="checkbox"/> Web site
<input type="checkbox"/> Marina	<input type="checkbox"/> Boat Show	<input type="checkbox"/> Other (Please specify) _____

For additional information regarding the NEXUS programs, please call 1-866-639-8726.