



Please type or print

FAST COMMERCIAL DRIVER APPLICATION

1a. <input type="checkbox"/> First time applicant <input type="checkbox"/> Renewal or Replacement	1b. Border crossing most frequently used	1c. Preferred language <input type="checkbox"/> English <input type="checkbox"/> French
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SECTION A - PERSONAL INFORMATION

2. Last name	3. First name	4. Middle name (in full)
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 Year Month Day		
8. Place of birth City	Province/State	Country
9. Citizenship (Check all that apply.) <input type="checkbox"/> Canadian citizen <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Other (Please specify) _____		10. Residence <input type="checkbox"/> Canada <input type="checkbox"/> United States
11. Proof of citizenship/residency/immigration status (Attach two copies of proof of citizenship, residency and drivers license.)		
<input type="checkbox"/> Birth certificate No. _____	<input type="checkbox"/> Passport No. _____	Year Month Day
<input type="checkbox"/> Citizenship card No. _____	<input type="checkbox"/> Permanent resident document No. _____	Country of issuance (Expiry date)
<input type="checkbox"/> Other Type of document _____	No. _____	Year Month Day (Expiry date)
<input type="checkbox"/> Drivers licence No. _____	State/Province of issue	Year Month Day (Expiry date)

SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS

12. Current address As of: Year Month	13. Street address	14. Apt.	15. City
16. Province/State	17. Postal/Zip code	18. Country	19. Home telephone
			20. Business telephone / Cell phone number
Mailing address if different from residential address			
21. Street address			22. Apt.
23. City		24. Province/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: Year Month	To: Year Month	28. Street address	
		29. Apt.	
30. City		31. Province/State	32. Postal/Zip code
		33. Country	
34. From: Year Month	To: Year Month	35. Street address	
		36. Apt.	
37. City		38. Province/State	39. Postal/Zip code
		40. Country	
41. From: Year Month	To: Year Month	42. Street address	
		43. Apt.	
44. City		45. Province/State	46. Postal/Zip code
		47. Country	

Continued on reverse

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

FAST Commercial Driver Program
4551 Zimmerman Avenue
P.O. Box 66
Niagara Falls, Ontario
L2E 6T1
CANADA

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

48. Current employer From: Year Month To: Year Month				49. Employer's name		
50. Street address					51. Apt.	52. City
53. Province/State		54. Postal/Zip code	55. Country		56. Telephone number	
57. Occupation						
Previous Employer name and address if current employer is less than five years (attach a separate sheet if necessary).						
58. Year Month To: Year Month				59. Employer's name		
60. Street address		61. Apt.	62. City	63. Province/State	64. Postal/Zip code	65. Country

SECTION D - ADDITIONAL INFORMATION

66.

Have you ever been convicted of an offence in any country for which you have not received a pardon? No Yes

Have you ever received a waiver of inadmissibility to the U.S. from the USINS? No Yes

Have you ever applied to the Minister of Citizenship and Immigration Canada (CIC) for rehabilitation? No Yes

Have you ever been found in violation of customs or immigration laws? No Yes

If you have answered YES, please give details;

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

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 will be shared among Customs and Immigration authorities in both Canada 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 (Y - M - D)
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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. 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.

CANADA'S PRIVACY STATEMENT

The information you provide on this form, including supporting documentation and biometric data, is collected under the *Customs Act* and is protected under the *Privacy Act*. The information will be used to make a determination of your application and may be shared with other government agencies in Canada and the United States of America. The information will be retained in the Personal Information Bank # CCRA PPU 042. Instructions for obtaining information are provided in Infosource which is available at public libraries, Government public reading rooms and on the Internet at: <http://infosource.gc.ca>.

FOR OFFICE USE ONLY

68.

The applicant has paid the application processing fee.

CPC no.

FAST ID no.

SECTION F - FEE PAYMENT (non-refundable)

69. The combined fee for an applicant to the FAST program is \$80.00 Canadian or \$50.00 U.S.
All credit card fees will be processed as Canadian funds.

I am enclosing a certified cheque or money order payment to the Receiver General For Canada Visa MasterCard

Card no. Expiry date MM YY

Card holder's name

Card holder's signature