



**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. _____		Country of issuance   (Expiry date) Year   Month   Day	
<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 <input type="checkbox"/> 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 ( ) - ( ) Ext.	
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			49. Employer's name						
From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">Year</td><td style="width: 20px;">Month</td></tr></table>		Year	Month	To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">Year</td><td style="width: 20px;">Month</td></tr></table>		Year	Month		
Year	Month								
Year	Month								
50. Street address				51. Apt.	52. City				
53. Province/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 a separate sheet if necessary).									
58. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">Year</td><td style="width: 20px;">Month</td></tr></table>			Year	Month	59. Employer's name				
Year	Month								
From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">Year</td><td style="width: 20px;">Month</td></tr></table>		Year	Month	To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">Year</td><td style="width: 20px;">Month</td></tr></table>		Year	Month		
Year	Month								
Year	Month								
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 a U.S. government agency?  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
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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 \$50 CAN.  
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  AMEX

Card no.

Expiry date  MM  YY

Card holder's name

Card holder's signature \_\_\_\_\_