

NEXUS IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete one (1) NEXUS application form. Complete the address and employment fields for the last five (5) years in full, leaving NO gaps (including when unemployed or as a student). If you require additional space, please use the forms provided. Complete the 'Required Supplementary Information' page.
2. Make clear copies of your valid citizenship and identity documents (i.e. passport, birth certificate, PR card, work/study permit, etc.). If applicable, make copies of your drivers license and vehical registration.
3. Complete this order form in full, ensuring you have included all requirements on the 'Nexus Package Checklist'.
4. Send your entire completed package using one of the following methods:
FAX: Fax entire application package to **416-640-2650**.
EMAIL: Scan and email your entire application package to travelcards@immigroup.com with the subject line: (Name of Applicant) NEXUS Application.
MAIL/DROP OFF: Mail or drop-off your entire application package to our head office at: **1180 DANFORTH AVE. TORONTO, ON. CANADA M4J 1M3**

Applications submitted without this completed order form will not be processed.

NEXUS PACKAGE CHECKLIST

Include the following documents in your NEXUS package

'NEXUS APPLICATION' FORM

- must be completed in full in type or clear handwriting
- must provide employment and address history for a FULL FIVE YEARS
- all forms must be included, even if they are blank

IMMIGROUP ORDER FORM

- fully completed and signed in two places

COPY OF VALID CITIZENSHIP DOCUMENT

- i.e. passport, citizenship card, birth certificate, etc.

COPY OF VALID ADMISSIBILITY DOCUMENT

- i.e. passport, citizenship card, PR card, work/study permit, etc.

COPY OF VALID DRIVERS LICENSE AND VECHICLE

- REGISTRATION**
- if applicable

SERVICE OPTIONS

BASIC SERVICE

IMMIGROUP FEE: \$157.50 CDN

(50 % off for each additional family member)

GOVERNMENT FEE: \$50 USD

(No government fee for children under 18)

PROCESSING TIME

6-8 WEEKS

*Timeline refers to initial review by the government

*After initial review, we will book you an interview, where if approved, you will be issued a NEXUS card

*Certain cases may exceed 6-8 weeks

PREMIUM SERVICE

IMMIGROUP FEE: \$262.50 CDN

(50 % off for each additional family member)

GOVERNMENT FEE: \$50 USD

(No government fee for children under 18)

PROCESSING TIME

1-3 WEEKS

*Timeline refers to initial review by the government

*Processing time does not include NEXUS interview booking, which occurs after the initial review

*If your initial review is not complete in 3 weeks, you will be refunded \$105 CDN

ADDITIONAL INFORMATION

*After initial review, we will book you an interview where if approved, you will be issued a NEXUS card

*We will contact you to schedule an interview after your application is processed: you must schedule this interview within 30 days

*Sending incomplete applications will delay processing

*We accept Visa, Mastercard, Amex and bank drafts (call for this option) as acceptable methods of payment

CREDIT CARD INFORMATION

By signing below I agree to be charged \$157.50 CDN (basic) or \$262.50 CDN (premium) + \$50 USD for the initial applicant, and \$78.50 (basic) or \$131.25 CDN (premium) + government fees for each applicant thereafter to the credit card I have provided.

Cardholder Name

Card Number

Expiry Date CVV Code

What is the CVV code?
<http://www.sti.nasa.gov/cvv.html>

Cardholder Signature

DISCLAIMER

By signing below applicant agrees to all of the following conditions

*I assert that I have read and agreed to the terms and conditions as listed on <http://www.immigroup.com/disclaimer.php>

*Immigroup is not responsible for applications lost in the mail or improperly submitted by email or fax

*Immigroup is not responsible for applications that are denied

*Immigroup is not responsible for delays caused by incomplete applications

*Basic service fees are non-refundable once applications are submitted to the government

*A portion of 'Premium Service' fees are refunded only if initial processing exceeds 3 weeks from the date your credit card was charged

*Government fees are non-refundable in all cases

*I assert that I understand I am using Immigroup to apply for my NEXUS card

*I agree to being charged the total fees according to the service I have selected to the credit card provided.

SIGN HERE:



NEXUS APPLICATION

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

1. Reason for application <input type="checkbox"/> First time applicant <input type="checkbox"/> Renewal after 5 years <input type="checkbox"/> Reapplication <input type="checkbox"/> Replacement (Lost or Damaged)	2. Are you a member of any other border crossing program? <input type="checkbox"/> No <input type="checkbox"/> Yes	3. Program name _____	4. Membership number _____	5. Preferred language <input type="checkbox"/> English <input type="checkbox"/> French
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SECTION A - PERSONAL INFORMATION

6. Surname (current) _____	7. First name _____	8. Middle name (in full) _____	Nickname _____
9. Other names (e.g., name at birth, former name) _____		10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Date of birth Year _____ Month _____ Day _____
12. Place of birth City _____	Prov./State _____	Country _____	

Citizenship/Admissibility/Permanent Resident status

13. Citizenship (Check all that apply)

Canadian citizen U.S. citizen Other (Please specify which country and complete sections 14, 15 and 16) _____

14. Citizenship/Admissibility/Permanent Resident status document(s) (A photocopy of the document must be attached.)

<input type="checkbox"/>	Passport	No. _____	Country of issuance _____	Date of birth _____	Name on passport _____	Year _____ Month _____ Day _____ (Expiry date)
<input type="checkbox"/>	Passport (2nd if applicable)	No. _____	Country of issuance _____	Date of birth _____	Name on passport _____	Year _____ Month _____ Day _____ (Expiry date)
<input type="checkbox"/>	Citizenship document	No. _____	Country of issuance _____	Date of birth _____	Name on certificate _____	Year _____ Month _____ Day _____ (Expiry date)
Type of document _____						
<input type="checkbox"/>	Naturalization certificate	No. _____	Country of issuance _____	Date of birth _____	Name on certificate _____	Year _____ Month _____ Day _____ (Expiry date)
<input type="checkbox"/>	Birth Certificate	No. _____	Country of issuance _____	Date of birth _____	Name on certificate _____	Prov./State of issuance _____ Year _____ Month _____ Day _____
(not birth registration/attach photocopy of document and photo identification)						
<input type="checkbox"/>	Visa/permit	No. _____	Country of issuance _____	Date of birth _____	Name on visa _____	Year _____ Month _____ Day _____ (Expiry date)
Type of document _____						

Canadian and United States Citizens do not complete sections 15 and 16 and should proceed to section 17.

15. Permanent resident status document

Canada United States

16. Permanent resident status document (A photocopy of the document must be attached. Applies only to those who are not Canadian or U.S. citizens.)

<input type="checkbox"/>	Record of Landing in Canada IMM 1000	No. _____	Country of issuance _____	Date of birth _____	Name _____	Year _____ Month _____ Day _____
<input type="checkbox"/>	Permanent Resident Card	No. _____	Country of issuance _____	Date of birth _____	Name _____	Year _____ Month _____ Day _____ (Expiry date)

Other Applicable Documents

17.

Do you have a driver's licence? Yes No
 Please provide a photocopy of both sides of the document.

<input type="checkbox"/>	Driver's licence	No. _____	Province/State of issue _____	Country of issuance _____	Year _____ Month _____ Day _____ (Expiry date)
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SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS (PROOF OF FULL 5 YEARS MAY BE REQUIRED AT INTERVIEW)

Current residential address (do not use P.O. box numbers or rural routes)						
18. Year	Month	To present:	19. Street number	20. Street name		21. Apt.
From:						
22. City			23. Province/State	24. Postal/Zip code	25. Country	
26. Home telephone ()		27. Cell phone number ()		28. Business telephone ()		29. E-mail address (if applicable)
Mailing address (if different from residential address)						
30. Street number	31. Street name			32. P.O. Box/RR #		33. Apt.
34. City			35. Province/State	36. Postal/Zip code	37. Country	

A Previous residential address (attach a separate sheet if necessary)							
38. Year	Month	Year	Month	39. Street number	40. Street name		41. Apt.
From:		To:					
42. City			43. Province/State	44. Postal/Zip code	45. Country		
B Previous residential address (attach a separate sheet if necessary)							
46. Year	Month	Year	Month	47. Street number	48. Street name		49. Apt.
From:		To:					
50. City			51. Province/State	52. Postal/Zip code	53. Country		

SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS (FULL 5 YEARS REQUIRED)

54. Year	Month	To present:	55. Current employer's name				
From:							
56. Street number	57. Street name			58. Apt.	59. City		
60. Province/State			61. Postal/Zip code	62. Country		63. Employer's telephone number ()	
64. Please specify occupation (indicate student, self employed, unemployed, retired if applicable)							
A Previous employer name and address (attach a separate sheet if necessary).							
65. Year	Month	Year	Month	66. Employer's name			
From:		To:					
67. Street number	68. Street name		69. Apt.	70. City	71. Province/State	72. Postal/Zip code	73. Country
74. Please specify occupation (indicate student, self employed, unemployed, retired if applicable)							
B Previous employer name and address (attach a separate sheet if necessary).							
75. Year	Month	Year	Month	76. Employer's name			
From:		To:					
77. Street number	78. Street name		79. Apt.	80. City	81. Province/State	82. Postal/Zip code	83. Country
84. Please specify occupation (indicate student, self employed, unemployed, retired if applicable)							

Continue on page 4 **SECTION D - FEE PAYMENT (non-refundable) No fee is required for applicants under 18 years of age.**

85. The combined Canada/U.S. processing fee is \$80.00 Canadian or \$50.00 U.S.							
<ul style="list-style-type: none"> 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 U.S. 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	Name appearing on card			Cardholder's signature	
Card no.				Expiry date	MM	YY	<input type="checkbox"/> I am enclosing a certified cheque or international money order payable to the Receiver General for Canada.

SECTION E - ADDITIONAL INFORMATION

86. Have you ever been convicted of an offence in any country for which you have not received a pardon? Yes No
- Have you ever received a waiver of inadmissibility to the U.S. from a U.S. government agency? Yes No
- Have you ever been approved by Citizenship and Immigration Canada for rehabilitation because of past criminal activity? Yes No
- Have you ever been found in violation of customs or immigration laws or other federal import laws? Yes No
- If you have answered YES to any of the above, please give all details and provide copies of documentation.
(Please use a separate sheet if additional space is required):

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

Where did you hear about the program? Website Media Trade show Word of mouth Border staff Other

SECTION F - 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 G - CERTIFICATION

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 the operation of the programs, 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 # CBSA PPU 009. 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>. 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.

87. 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, finger and iris 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 including the Canadian Security Intelligence Service 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 program, including all instructions and notices accompanying this application.

Applicant	Name (print)	Signature	Date
or parent/legal guardian if applicant is under the age of 18	Name (print)	Signature	Date

Preferred interview location _____
Enrolment centre

For up-to-date listing, refer to Web site address www.nexus.gc.ca or call 1-866-NEXUS 26 (1-866-639-8726).

✓ CHECKLIST before submitting application

- | | |
|--|---|
| <input type="checkbox"/> Completed all pages of application form. | <input type="checkbox"/> Attach one (1) photocopy of your valid driver's licence (front and back) |
| <input type="checkbox"/> Attach one (1) photocopy of each of the document(s) you have listed for citizenship, admissibility and, if applicable, permanent resident status. | <input type="checkbox"/> Attach custodial documents, if applicable |
| <input type="checkbox"/> Provide all five (5) years of your address history (without gaps) | <input type="checkbox"/> Sign Section D: card holders signature and date if paying by credit card |
| <input type="checkbox"/> Provide all five (5) years of your employment history (without gaps) | <input type="checkbox"/> Sign certification in box 87 and date it |

SUPPLEMENTAL ADDRESS HISTORY

****PLEASE LIST YOUR ADDRESS HISTORY FOR THE PAST FIVE (5) YEARS.
LEAVE NO GAPS****

DATE FROM: ____/____/____ **DATE TO:** ____/____/____

Street Number ____ **Street Name** _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM: ____/____/____ **DATE TO:** ____/____/____

Street Number ____ **Street Name** _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM: ____/____/____ **DATE TO:** ____/____/____

Street Number ____ **Street Name** _____

Apartment# _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM: ____ / ____

DATE TO: ____ / ____

Street Number ____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

DATE FROM: ____ / ____

DATE TO: ____ / ____

Street Number ____ Street Name _____

Apartment # _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

SUPPLEMENTAL EMPLOYMENT HISTORY PAGE

*****Please write in your Employment History for the previous five (5) years. Leave no gaps. If you were/are a student write in "Student". If you were/are unemployed write in "unemployed".***

Current / Previous

Date From: _____/_____/_____ **Date to:** _____/_____/_____

Occupation: _____

Employer: _____

Employer Phone number: (____)_____-_____

Employer Address: _____

City: _____

Country: _____

State/Province: _____

Zip/Postal Code _____

Current / Previous

Date From: _____/_____/_____ **Date to:** _____/_____/_____

Occupation: _____

Employer: _____

Employer Phone number: (____)_____-_____

Employer Address: _____

City: _____

Country: _____

State/Province: _____

Zip/Postal Code _____

Current / Previous

Date From: _____/_____/_____ **Date to:** _____/_____/_____

Occupation: _____

Employer: _____

Employer Phone number: (_____)_____-_____

Employer Address: _____

City: _____

Country: _____

State/Province: _____

Zip/Postal Code _____

Current / Previous

Date From: _____/_____/_____ **Date to:** _____/_____/_____

Occupation: _____

Employer: _____

Employer Phone number: (_____)_____-_____

Employer Address: _____

City: _____

Country: _____

State/Province: _____

Zip/Postal Code _____

NEXUS

REQUIRED SUPPLEMENTARY INFORMATION SHEET

Personal Information

1. **HEIGHT:** cm **OR** ft in 2. **EYE COLOUR:**

If applicant is under 18, give the following information on a legal guardian:

3. **FIRST NAME:** 4. **LAST NAME:**

5. **BIRTH DATE:** 6. **SEX:**

Conveyance Information

If you intend to cross the border in your own vehicle, please fill in the following information, which can be found on your car's registration.
Please include a copy of your car's registration.

1. **OWNER OF VEHICLE:** 2. **CAR MAKE:**

3. **CAR MODEL:** 4. **YEAR:** 5. **COLOUR:**

6. **LICENSE PLATE NUMBER:** 7. **STATE / PROVINCE OF LICENSE PLATE:**

8. **VEHICLE IDENTIFICATION NUMBER:**

If vehicle is owned by another person or a corporation, you must provide details.

9. **NAME OF OWNER/COMPANY:**

10. ***BIRTH DATE:** 11. **ADDRESS:**

*If an individual

12. **CITY:** 13. **PROVINCE/STATE:**

14. **POSTAL/ZIP CODE:** 15. **PHONE NUMBER:**

Drivers License Information

***Do you have an enhanced security driver's license?** **YES** **NO**

*Contains machine-readable data and is only issued in certain jurisdictions

Previous Employment Information

If you have included any previous employment details, please give phone numbers below.

NAME OF COMPANY: **PHONE NUMBER:**

NAME OF COMPANY: **PHONE NUMBER:**

NAME OF COMPANY: **PHONE NUMBER:**