

Application - Alternative Inspection Services

INSTRUCTIONS

Read carefully -- fee will be not refunded. Failure to follow instructions may require return of your application and delay final action.

1. Preparation of Application. Fill in application in single copy only, by typewriter, or print in block letters using only dark ink. Do not use pencil or red ink. Do not leave any question unanswered. Mark any question which does not apply to you "N/A".

2. Who Can Apply.

Citizens and lawful permanent residents of the United States, citizens of Canada and Landed Canadian immigrants who are citizens of British Commonwealth countries are eligible to apply for all programs. Additional eligibility criteria for each program are indicated below:

- A. **Dedicated Commuter Lane Program ("DCL")** - Certain citizens of Mexico and certain non-immigrants.
- B. **Automated Permit Port Program ("APP")** - Certain non-immigrants.
- C. **INSPASS Airport** - Citizens of Visa Waiver Program countries or any other country approved for participation by the Commissioner, Immigration and Naturalization Service (INS).

Each participant in each program must submit a separate application. Persons under 14 years of age may not enroll in either INSPASS Program.

3. Where to Submit This Application. Applications may be submitted in person or by mail to the U.S. port of entry sponsoring the DCL for which you are applying, or at the port of entry having jurisdiction over the APP for which you request access. INSPASS applicants may apply at any INSPASS port of entry in person or by mail.

4. Submission of Application. Each application must be supported by evidence of citizenship, legal resident status, or other documentation as applicable, including but not limited to proof of employment or residence, vehicle registration and insurance. Original documentation must be presented at the time of the personal interview. Personal identifiers, i.e., voice print or other biometrics, may be required for participation.

5. Final Approval. Your application will be reviewed and an interview may be scheduled prior to acceptance. You will be required to produce your original evidence of eligibility at that time. Approval for participation is valid for one year unless otherwise revoked. The pass may not be used for purposes other than those involved in this application and approved by the INS.

6. Denial. An application for participation in a program may be denied at the discretion of the District Director without appeal. All applicants denied shall be so notified. Applications submitted without the required documentation or which are incomplete will be returned without action.

All applicants who have been denied permission to participate in the DCL or APP programs, or who have had their permission to participate in either program revoked for any reason, must wait 90 days from the date of denial or revocation to reapply.

7. Fees.

A. Application or Replacement Card Fee.

(1) The application fee for the DCL program is \$25 (U.S.), with a maximum amount payable by a family (husband wife, and any minor children) of \$50 (U.S.). If fingerprints are required, an additional fee equal to the amount of the current FBI fee for conducting fingerprints checks will be required at the time of application. The fee for a replacement card for the DCL program is \$25.

(2) Presently, there are no application fees for the APP program, or for either INSPASS program.

B. System Costs Fee.

(1) A non-refundable fee of \$80 (U.S.) will be assessed on all approved applicants for DCLs located at certain ports of entry, with the maximum payable by family (husband, wife and any minor children) of \$160 (U.S.). If an approved participant wishes to register more than one vehicle for use in the lane, he/she may be assessed an additional \$42, also non refundable, for each additional vehicle.

(2) Presently, there is no System Costs Fee for the APP program or for either INSPASS Program.

Payment may be made by check or money order in the exact amount. All checks and money orders must be payable in U.S. currency at a financial institution in the United States. Make check or money order payable to "Immigration and Naturalization Service." A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. At some port of entries, payment may be made by credit card.

8. Privacy Act Statement. The authority to collect this information is contained in Title 8, United States Code. Furnishing the information on this form is voluntary; however, failure to provide all of 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). All applicants are subject to a check of criminal information databases in order to determine eligibility.

9. Penalties for False Statements in Applications. Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this application. Also, a false representation may result in the denial of this application and any other application you may make for any benefit under the immigration laws of the United States.

10. Random compliance checks. Periodic random checks will be conducted to ensure compliance with the conditions of each program.

11. Applicant acknowledges and agrees that should he/she violate any condition(s) of this program(s), or any law or regulation of any Federal inspection service, or is otherwise determined to be inadmissible to the U.S., his/her participation in this program may be revoked and he/she may be subject to other applicable sanctions. Such sanctions may include, but are not limited to, criminal prosecution, exclusion or deportation proceedings, imposition of civil monetary penalties, and seizure of merchandise and/or vehicles. Conditions by which the applicant must abide include, but are not limited to, the following.

- A) Adherence to all Federal, state, and local laws regarding the importation of alcohol and agricultural products; possession and importation of controlled substances, and all other laws and regulations under the jurisdiction of any federal agency.

- B) Adherence to all requirements of the Immigration and Nationality Act, as amended, and all INS regulations, regarding documentary requirements.

12. Reporting Burden. A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about the form, and reading and understanding U.S. INS Publications 28 minutes; 2) completing the form, 8 minutes; 3) fingerprinting 30 minutes; and 4) assembling and mailing the application, 4 minutes, for an estimated average of 70 minutes per response. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W; Room 4034, Washington, DC 20536, OMB No. 1115-0174. **Do not mail your completed application to this address.**

Application - Alternative Inspection Services

START HERE - PLEASE TYPE OR PRINT

Application Type: (Check one) Dedicated Commuter Lane Automated Permit Port INSPASS Airport

1. Name: (Last) (First) (Middle Name) 2. Date of Birth: (MM/DD/YYYY)

3. U.S. Alien Registration No. (If applicable) 4. Gender: Male Female

5. Place of Birth: (City) (State) (Country)

6. Permanent Address (Street Number and Name):

City:	State/Province/Country:	Zip/Postal Code:	8. Country of Citizenship:
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7. Usual purpose of Entry:

8. Port of entry where you intend to enter the United States:

9. Have you ever been:

a. Arrested or convicted of a criminal offense, anywhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Granted a conditional discharge or pardon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Found to be in violation of any immigration law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Found to be in violation of any customs law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Refused admission to the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Denied any other immigration benefit, whether you applied for the benefit directly, or the benefit was sought on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please explain: _____

10. Occupation: _____
Employer: _____
Employer Address: _____
Employer Phone #: _____ Employer Point of Contact: _____

11. Admission Classification

United States Citizen

Lawful Permanent Resident

Other (specify) _____

12. Citizenship and Admissibility

For completion by U.S. citizens only

Passport #: _____ Expiration Date: _____

Other evidence of U.S. Citizenship: _____

For completion by non-U.S. citizens

Passport #: _____ Expiration Date: _____

Issuing Country: _____

AND

Form I-551, Permanent Resident Card #: _____

OR

Visa Classification: _____ Visa #: _____

Place of Issuance: _____ Expiration Date: _____

OR

Border Crossing Card #: _____

Expiration Date: _____

TRANSPORTING UNDOCUMENTED ALIENS NARCOTICS, UNDECLARED MERCHANDISE, FIREARMS CONTRABAND, OR DECLARED CURRENCY IN EXCESS OF \$10,000 ARE VIOLATIONS OF UNITED STATES LAW THAT WILL BE PROSECUTED AND PUNISHABLE BY IMPRISONMENT AND FINE.

For Government Use Only

Identification Document(s) Presented _____ Expiration Date: _____

Type of Application: Initial Renewal Replacement Card

Remarks: _____

AUTOMATED PERMIT PORT APPLICATIONS

1. Applicant acknowledges that (s)he is a citizen or lawful permanent resident of the U.S., or non-immigrant as determined eligible by the Commissioner of the Service. Applicant acknowledges that he or she must be in possession of all documentation required by the Immigration and Nationality Act and implementing regulations at all times when using the Automated Permit Port (APP). When in the U.S., a non-U.S. citizen applicant acknowledges that (s)he must remain otherwise eligible to enter the U.S. at time of each use of the APP.
2. Applicant agrees to a full inspection of each vehicle presented for registration in the APP prior to approval of his/her application, and at any time use of the APP. The applicant acknowledges and agrees to be responsible for all contents of the vehicle s(he) occupies when using the APP, whether or not that vehicle is owned by or registered to the applicant.
3. Applicant acknowledges that vehicle registration and insurance must be current when using the APP, and documentation evidencing same must be made available to the Service upon request. If the vehicle is owned or registered to someone other than the applicant, evidence permitting use of the vehicle in the APP must be made available to the Service upon request.
4. Applicant acknowledges and agrees that by submitting this application, (s)he will be subject to a check of criminal information databases prior to and during each use of the APP.
5. Applicant acknowledges that s(he) may only use the APP when occupying the specific vehicle inspected and authorized by the Service for the applicants use of the APP.
6. Applicant acknowledges and agrees that all devices, decals, or other equipment, methodology, or technology used to identify or inspect persons or vehicles remains the property of the U.S. government, and must be surrendered upon request.
7. If the registered owner is not the applicant, then written proof must be provided that the applicant has authorization to register and use the vehicle in the APP.

A. Vehicle License Number: _____	A. State/Province: _____
Vehicle Identification Number: _____	Vehicle Make/Model: _____
Vehicle Year: _____	Vehicle Color: _____
Vehicle Insurance Number: _____	Registered Owner: _____
B. Vehicle License Number: _____	B. State/Province: _____
Vehicle Identification Number: _____	Vehicle Make/Model: _____
Vehicle Year: _____	Vehicle Color: _____
Vehicle Insurance Number: _____	Registered Owner: _____
C. Vehicle License Number: _____	C. State/Province: _____
Vehicle Identification Number: _____	Vehicle Make/Model: _____
Vehicle Year: _____	Vehicle Color: _____
Vehicle Insurance Number: _____	Registered Owner: _____

8. Driver's License #: _____
Issuing Country and State/Province: _____
Expiration Date: _____

9. Will you be the sole occupant of the vehicle? *(All occupants of a vehicle used in the APP must have current participation authorization.)*
(check one) YES NO
If no, who else might be in the vehicle? _____

10. Contact in the United States *(name, address, and phone number)*:

CERTIFICATION:

I certify that I have read, understood, and agree to abide by all conditions required for use of the APP. I also certify that the information provided is true and complete. I understand that all information provided may be shared with other government agencies.

(Signature of Applicant)

(Date)

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INSPASS AIRPORT PARTICIPANTS

1. Applicant acknowledges he/she is a citizen or permanent resident of the United States, a citizen of Canada, a Landed Canadian Immigrant who is a citizen of a British Commonwealth country, a citizen of a Visa Waiver Program country, or any other country approved for participation by the Commissioner, Immigration and Naturalization Service.
2. Applicant may not use the INSPASS card when entering the United States for a purpose other than that stated in this application.
3. Applicant will not be exempt from the normal examination process when entering for any other purpose.

CERTIFICATION: *(All applicants must sign)*

I certify that I have read, understood, and agree to abide by all conditions listed above for use of the INSPASS. I also certify that the information is true and complete. I understand that any information may be shared with other government agencies.

(Signature of Applicant)

(Date)

VISA WAIVER PARTICIPANTS *(To be completed by Visa Waiver Program Applicants Only)*

	YES	NO
A. Do you have a communicable disease, physical or mental disorder; or are you a drug abuser or addict?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been arrested or convicted for an offense or crime involving moral turpitude or a violation related to a controlled substance; or been arrested or convicted for two or more offenses for which the aggregate sentence to confinement was five years or more; or been a controlled substance trafficker; or are you seeking entry to engage in criminal or immoral activities?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been or are you now involved in espionage or sabotage; or in terrorist activities; or genocide; or were you involved, in any way, between 1933 and 1945 in persecutions associated with Nazi Germany or its allies?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you seeking to work in the United States; or have you ever been excluded and deported or previously removed from the United States; or have you ever procured or attempted to procure a visa or entry into the United States by fraud or misrepresentation?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever detained, retained, or withheld custody of a child from a United States citizen granted custody of the child?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been denied a United States visa or entry into the United States or had a United States visa cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____ Where? _____		
G. Have you ever asserted immunity from prosecution?	<input type="checkbox"/>	<input type="checkbox"/>

I understand that I am not entitled to any review or appeal of an immigration officer's determination as to my admissibility, nor am I entitled to contest any determination of deportability other than on the basis of an application for asylum.

(Signature of Applicant)

(Date)

WARNING: You may not accept unauthorized employment; or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the United States for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident, unless eligible under section 201(b) of the Immigration and Nationality Act (Act); or 3) an extension of stay. Violation of these terms will subject you to deportation.

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DEDICATED COMMUTER LANE PARTICIPANTS

New Application Application for Replacement Card Renewal

1. Applicant acknowledges that he/she is a citizen or lawful permanent resident of the U.S., or non-immigrant as determined eligible by the INS. Applicant acknowledges that he/she must be in possession of all documentation required the Immigration and Nationality Act and implementing regulations at all times when using the Dedicated Commuter Lane (DCL). When in the U.S., a non-U.S.citizen applicant acknowledges that he/she must remain otherwise eligible to enter the U.S. at time of each use of the DCL.
2. Applicant agrees to a full inspection of each vehicle presented for registration in the DCL prior to approval of his/her application, and at any time use of the DCL. The applicant acknowledges and agrees to be responsible for all contents of the vehicle he/she occupies when using the APP, whether or not that vehicle is owned by or registered to the applicant.
3. Applicant acknowledges that vehicle registration and insurance must be current when using the DCL, and documentation evidencing same must be made available to the INS upon request. If the vehicle is owned or registered to someone other than the applicant, evidence permitting use of the vehicle in the DCL must be made available to the INS upon request.
4. Applicant acknowledges and agrees that by submitting this application, he/she will be subject to a check of criminal information databases prior to and during each use of the DCL.
5. Applicant acknowledges and agrees that by submitting this application, he/she may only use the DCL when occupying the specific vehicle inspected and authorized by the INS for the applicants, use of the DCL.
6. Applicant acknowledges and agrees that he/she has been made aware of the nature and amount of all fees associated with participating in the DCL, including a fingerprint fee, system costs fee, and additional vehicle fee.
7. Applicant acknowledges and agrees that all devices, decals, or other equipment, methodology, or technology used to identify, inspect persons or vehicles remains the property of the U.S. government, and must be surrendered upon request.
8. If the registered owner of the vehicle is not the applicant, then written proof must be provided that the applicant has authorization to register and use the vehicle in the DCL.

<p>A. Vehicle License Number: _____</p> <p>Vehicle Identification Number: _____</p> <p>Vehicle Year: _____</p> <p>Vehicle Insurance Number: _____</p>	<p>A. State/Province: _____</p> <p>Vehicle Make/Model: _____</p> <p>Vehicle Color: _____</p> <p>Registered Owner: _____</p>
<p>B. Vehicle License Number: _____</p> <p>Vehicle Identification Number: _____</p> <p>Vehicle Year: _____</p> <p>Vehicle Insurance Number: _____</p>	<p>B. State/Province: _____</p> <p>Vehicle Make/Model: _____</p> <p>Vehicle Color: _____</p> <p>Registered Owner: _____</p>
<p>C. Vehicle License Number: _____</p> <p>Vehicle Identification Number: _____</p> <p>Vehicle Year: _____</p> <p>Vehicle Insurance Number: _____</p>	<p>C. State/Province: _____</p> <p>Vehicle Make/Model: _____</p> <p>Vehicle Color: _____</p> <p>Registered Owner: _____</p>

9. Driver's License #: _____

Issuing Country and State/Province: _____

Expiration Date: _____

10. Will you be the sole occupant of the vehicle? *(All occupants of a vehicle used in the DCL must have current participation authorization.)*
 (check one) YES NO

If no, who else might be in the vehicle? _____

11. Contact in the United States *(name, address, and phone number):*

CERTIFICATION:

I certify that I have read, understood, and agree to abide by all conditions required for use of the DCL. I also certify that the information provided is true and complete. I understand that all information provided may be shared with other government agencies.

(Signature of Applicant)

(Date)