

# FAST CARD REPLACEMENT APPLICATION FORM

**TRUSTED TRAVELER LTD**  
e-mail: [info@fast-card-program.com](mailto:info@fast-card-program.com)  
Fax: 1-360-850-0243

## INSTRUCTIONS

1. Please complete one application form per person. Complete the address and employment fields for the last five years in full, leaving NO gaps (including when unemployed or student) Make sure you have entered your identity documents data correctly (including passport, birth certificate, driver's license numbers and expiration dates)
2. **Before you begin filling out the application form, please first download it to your desktop to your device and then you can start filling it. To save the completed form, choose File > Save As and choose a location for your PDF, enter a new name (optional), and then tap Save.**
3. Send your entire completed package using one of the following methods:  
  
FAX application package to [1-360-850-0243](tel:1-360-850-0243) OR  
  
SAVE application and email to [info@fast-card-program.com](mailto:info@fast-card-program.com)

## DISCLAIMER

By submitting an application and paying our service fee, I agree to the following:

1. FAST card replacement will cost you \$70USD service fee plus \$25USD government fee for background and security checks. The \$70USD TTS service fee is the fee payable to Trusted Traveler Ltd for checking your application form, setting up your FAST profile, submitting your replacement application to the US Customs and Border Protection (CBP). It also includes status updates and activation of your FAST card. **You need to pay the first fee (\$70USD) through our payment system to start the application process.**
2. Trusted Traveler Ltd is not responsible for applicants who are denied by CBP and will not refund the fees paid.
3. I understand I am using Trusted Traveler Ltd to apply for my FAST program and I agree to the [Terms and Conditions](#) section of their website [www.fast-card-program.com](http://www.fast-card-program.com)

## **GOVERNMENT FEE PAYMENT**

Your card details are needed to pay the additional \$25 for background and security checks. Your application will not be processed without this.

I agree to be charged \$25USD CBP fee for background and security checks

Cardholder Name

Card Number

Billing Address

Expiry Date

What is the CVV code? (The last 3 digits on the back of the card above the signature or 4 digits for American Express on the front above the card number)

CVV Code

Please sign here or **print name** that you understand and agree to our fees and conditions

**I AM APPLYING FOR:**

**US/Canada FAST card**

**US/Mexico FAST card**

Please provide your membership PASSID or FAST ID number

FAST ID  Membership Number/PASSID  EXPIRY DATE YYYY/MM/DD (OF YOUR CARD)

**PERSONAL INFORMATION**

FIRST NAME:  MIDDLE NAME:  SURNAME:

D.O.B. YYYY/MM/DD  HEIGHT  OTHER NAME:

MALE  FEMALE EYE COLOR

BIRTH COUNTRY  CITY OF BIRTH  BIRTH STATE/PROV :

**CONTACT DETAILS**

EMAIL ADDRESS  HOME PHONE NUMBER

**CITIZENSHIP & NATIONALITY**

MOBILE PHONE NUMBER

YOU ARE A:  US CITIZEN  CANADIAN CITIZEN  LAWFUL RESIDENT OF THE USA  LAWFUL RESIDENT OF CANADA

PASSPORT NUMBER  EXPIRY YYYY/MM/DD  COUNTRY OF ISSUANCE

PASSPORT NUMBER  EXPIRY YYYY/MM/DD  COUNTRY OF ISSUANCE

BIRTH CERTIFICATE NUMBER (not necessary)  COUNTRY OF ISSUANCE

PERMANENT RESIDENT CARD OR  
CITIZENSHIP CERTIFICATE NUMBER  EXPIRY YYYY/MM/DD  COUNTRY OF  
ISSUANCE

NAME ON PASSPORT/PR CARD

NAME ON BIRTH CERTIFICATE

**DRIVER'S LICENCE INFORMATION**

EXACT NAME ON LICENCE

DRIVER'S LICENCE NUMBER

COUNTRY OF ISSUANCE

STATE/PROV OF ISSUANCE

EXPIRY DATE YYYY/MM/DD

CHECK IF THIS IS AN ENHANCED DRIVERS LICENCE (EDL)

CHECK IF THIS IS A COMMERCIAL DRIVERS LICENCE (CDL)  CHECK IF THIS LICENSE HAS HAZARDOUS MATERIAL ENDORSEMENT

**CURRENT ADDRESS**

*STREET NUMBER*  *STREET NAME*  *APARTMENT*  *FROM YYYY/MM*

*CITY*  *COUNTRY*  **TO PRESENT**

*STATE/PROVINCE*  *ZIP/POSTAL CODE*

**MAILING ADDRESS /if different to your current address/**

*STREET NUMBER*  *STREET NAME*  *APARTMENT*  *FROM YYYY/MM*

*CITY*  *COUNTRY*  **TO PRESENT**

*STATE/PROVINCE*  *ZIP/POSTAL CODE*

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Please sign here or **print name** that you understand and agree to our fees and conditions  *DATE*

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FAX application package to: 1-360-850-0243 OR SAVE it and email it to: [info@fast-card-program.com](mailto:info@fast-card-program.com)