



# ALTERNATIVE CUSTOMS PRESENTATION PROGRAMS APPLICATION FORM

**Please print**  
**We will not accept incomplete applications.**

1. <b>Preferred language</b> ▶ <input type="checkbox"/> English <input type="checkbox"/> French	2. <input type="checkbox"/> Original <input type="checkbox"/> Duplicate <input type="checkbox"/> Amended <b>Membership no.</b> _____
3. Indicate the program you are applying for. <b>Complete a separate application form for each applicant and program.</b>	
<input type="checkbox"/> CANPASS Air Preferred Interview Location _____	<input type="checkbox"/> CANPASS Private Aircraft
<input type="checkbox"/> CANPASS Corporate Aircraft	<input type="checkbox"/> CANPASS Private Boat

## SECTION A – PERSONAL INFORMATION

4. Last name	5. First name	6. Middle name
7. Other last names used (e.g., maiden name, former name)	8. Other first names (nickname)	9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Date of birth YYYY   MM   DD	11. Place of birth – City	
12. Province/State	13. Country	
14. Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Other (please specify) _____	15. Residence <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other (please specify) _____	
16. Proof of citizenship/residency/immigration status (check all that apply)		
<input type="checkbox"/> Birth certificate no. _____	<input type="checkbox"/> Passport no. _____	Country of issuance _____ (Expiry date) YYYY   MM   DD
<input type="checkbox"/> Citizenship card no. _____	<input type="checkbox"/> Permanent resident document no. _____	<input type="checkbox"/> U.S. alien registration no. _____ (Expiry date) YYYY   MM   DD
<input type="checkbox"/> Other ▶ Type of document _____		No. _____

## SECTION B – ADDRESS HISTORY FOR THE LAST FIVE YEARS

17. Current address since: Year   Month	18. Street address	Apt.
19. City	20. Province/State	21. Postal/Zip code
22. Country		
23. Home telephone	24. Business telephone	25. Cellular telephone
Mailing address if different from residential address		
26. Street address		27. Apt.
28. City	29. Province/State	30. Postal/Zip code
31. Country		
Previous residential addresses if you have been at your current residence for less than five years (attach a separate sheet if necessary).		
32. From: Year   Month	32. To: Year   Month	33. Street address
34. Apt.		35. City
36. Province/State	37. Postal/Zip code	38. Country

**SECTION C – EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS**

39. Current employer since:		40. Employer's name	
Year	Month		
41. Street address			42. City
43. Province/State	44. Postal/Zip code	45. Country	46. Telephone number Ext.
47. If self-employed, please specify type of business:			
48. Other (please specify)			

Previous employer's name and addresses if you have been with your current employer for less than five years (attach a separate sheet if necessary).

49. Year		Month		Year		Month		50. Employer's name	
From:				To:					
51. Street address					City				
52. Province/State					53. Postal/Zip code			54. Country	

**SECTION D – This section must be completed by all non-Canadian citizens and all non-Canadian permanent residents**

55. What is the purpose of your travel to Canada? (check all boxes that apply)

<input type="checkbox"/> Pleasure	<input type="checkbox"/> Business/Work	<input type="checkbox"/> Study	<input type="checkbox"/> Other (specify)
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Attached is a copy of my employment/student authorization issued by:  Canada  U.S. Expiry date

If the purpose of your travel to Canada will be for business, work, or study, you may have to obtain written authorization from Citizenship and Immigration Canada (CIC) before joining the program. Contact a CIC office in Canada or any Canadian consular office abroad.

**SECTION E – ADDITIONAL INFORMATION**

56. Have you ever been:

- found in violation of any customs legislation?  Yes  No
- found in violation of any immigration legislation?  Yes  No
- convicted of an offence for which a pardon or rehabilitation has not been granted?  Yes  No

If you answered "Yes" to any of these questions, please provide details (use separate sheet if necessary).

**SECTION F – CUSTOMS PROGRAMS (complete if applicable)****CANPASS Corporate Aircraft – Company information**

57. Company name			
58. Address	59. City	60. Province/State	61. Postal/Zip code
62. Mailing address (if different from above)			
63. Principal company contact (for renewals and administrative purposes)			
Last name		First name	
		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Title/Position		Business telephone	
		Business fax	

**CANPASS Private/Corporate Aircraft information while in Canada (attach a separate sheet if necessary)**

64. Airport of landing		65. Aircraft location (FOB/Hangar)	
Please provide information for any aircraft on which you may be travelling			
66. Make	67. Model	68. Year	69. Registration

**SECTION F (Continuation) – CUSTOMS PROGRAMS (complete if applicable)**

**CANPASS Private Boats – Vessel information (attach a separate sheet if necessary)**

70. Vessel registration number/name		71. Make	72. Model	73. Year
74. <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard	75. Hull/Manufacturer's serial no.	76. Length	77. Colour	
78. Marina name		79. Address		
80. City	81. Province/State		82. Postal/Zip code	

**SECTION G – FEE PAYMENT (non-refundable) – No fee required for applicants under 18 years of age.**

CANPASS Air – CAN \$50 per applicant annually
  CANPASS Private aircraft – CAN \$40 per applicant for five years  
 CANPASS Corporate aircraft – CAN \$40 per applicant for five years
  CANPASS Private boats – CAN \$40 per applicant for five years

I am enclosing a certified cheque or money order payable to the Receiver General for Canada.
  Visa
  MasterCard

Card no. \_\_\_\_\_ Expiry date (MM/YY) \_\_\_\_\_

\_\_\_\_\_  
 Cardholder's name (please print) Cardholder's signature

**SECTION H – NON-CUSTODIAL PARENT OR LEGAL GUARDIAN**

Non-custodial parents or legal 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 traveling with a non-custodial adult.

**SECTION I – CERTIFICATION**

**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 (except for credit card information), any supporting documentation, and any background information may be shared among customs and immigration authorities 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 program, including all instructions and notices accompanying this application.

**Signature of applicant or signature of parent or legal guardian if applicant is under the age of 18:**

\_\_\_\_\_ Name (print) Signature Date

**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. The information will be retained in Personal Information Bank CCRA-PPU-042 and is registered with Treasury Board Secretariat number 002788. For instructions on obtaining information consult *InfoSource* (or the InfoSource publication) which is available at public libraries, Government public reading rooms, and on the Internet at <http://infosource.gc.ca>

**FOR OFFICE USE ONLY**

Payment Amount: _____ Initials: _____ Date _____	TDC booklet no. _____
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## Customs Alternative Presentation Programs (E672) Completing the application

Each person who wants to participate in the CANPASS program has to fill out and sign an application form. Parents or legal guardians must complete the application on behalf of children less than 18 years of age. The processing fee is waived for applicants less than 18 years of age.

The following provides additional details about certain parts of the application form.

**Preferred language** - Indicate English or French. We will correspond with you in the language of your choice.

**Preferred Interview Location** - for CANPASS-Air only. Indicate the airport in which you want to have your interview. Vancouver and Halifax Airports are currently available. Please verify the CCRA web-site for future openings.

**Customs Alternative Presentation Programs** - Indicate the program in which you want to participate. A separate application form is required for each applicant and program.

### Section A - Personal information

**Other names used** - If you have ever changed your name (including by marriage), provide previous name(s) you have used.

**Citizenship and residency** - Indicate whether you are a citizen of Canada, the United States, or another country. Check the box that corresponds with your country of residence.

**Proof of citizenship and residency** - Provide proof that your citizenship, residency and immigration status are as stated on the application form.

Check  the type of document you have been issued that proves your citizenship and residency. Provide the document number and expiry date, if applicable.

**Section B - Address history for the last 5 years** - Please provide details of your address history for the past five years. Use the space provided, starting with your current address. Attach a separate sheet, if necessary.

**Section C - Employment history for the last 5 years** - Please provide details of your employment history for the past five years. Use the space provided, starting with your current employer. Attach a separate sheet, if necessary.

Lack of employment will not disqualify you from participation, if you are otherwise admissible to the U.S. and Canada, and meet all other program requirements.

**Section D - Purpose of your travel** - If you are a U.S. citizen or permanent resident you must indicate the purpose of your travel to Canada.

**Section E - Additional Information** - Indicate whether you have been convicted of a criminal offence. Also include any immigration and customs violations you may have experienced.

### Section F - Customs Programs -

- Private Aircraft Program - Complete boxes 64 to 69. Include the aircraft tail number and registration mark
- Corporate Aircraft Program - Complete boxes 57 to 69. Include the aircraft tail number and registration mark
- Private Boat Program - Complete boxes 70 to 82. Include your boat's name and registration number

**Section G - Fee payment** - Please include a money order or a certified cheque in Canadian funds, for applicant 18 years of age or older, made payable to the Receiver General for Canada. If you are paying by credit card, provide your VISA or MasterCard number, including expiry date, along with your signature.

**Section H - Non-Custodial Parent or Legal Guardian** - To meet Canadian requirements, non-custodial parents or legal guardians applying for a child under the age of 18, for whom they do not have legal custody, must attach a copy of the applicable legal documents showing custody rights, or a notarized copy of the parent or legal guardian's consent, in writing, for the enrollment of that child in the CANPASS Private Air program.

**Section I - Certification** - Read the privacy statements and the certification statement on the application form carefully. Then, sign and date this section. For a child under the age of 18, the legal guardian or parent must sign this certification.

Complete, sign the application form and send it with the **non-refundable fee payment** to one of the following offices:

#### Western Canada

Customs Processing Centre  
28-176th Street  
Surrey BC V3S 9R9  
Telephone: (604) 535-9346

#### Ontario

Customs Processing Centre  
PO Box 126  
Niagara Falls ON L2E 6T1  
Telephone: (905) 371-1477 or  
1-800-842-7647 (toll free)

#### Quebec and Atlantic Canada

Customs Processing Centre  
400 Place d'Youville  
Montréal QC H2Y 2C2  
Telephone: (514) 350-6137