



## Bridge Pass Application Checklist

- **Complete the Application:** Ensure the entire application is filled out accurately.

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- **Provide Valid License:** Submit a copy of your valid driver's license as part of your application (front and back).

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- **Submissions:** Submit your complete application:
  - Hand deliver to the OVS office at CIA #3, 101 Tewesateni Road, on Kawehnó:ke, or
  - Email to: [ovsclerk@akwesasne.ca](mailto:ovsclerk@akwesasne.ca), or
  - Fax to (613) 936-8629

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- **Eligibility Letter:** The Office of Vital Statistics will prepare a letter to the (SIBC) verifying your eligibility.

- **Pickup Bridge Pass:** Applicants have 2 options:

- Wait 3 business days for OVS to send the letter to the SIBC, and then go directly to the SIBC bridge office for the Bridge Pass, or

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- Pick up the letter at the OVS office on the 1<sup>st</sup> business day of your application, and deliver it yourself to the SIBC bridge office for the Bridge Pass. (OVS appointments are not necessary, but are appreciated so that the letter will be ready for you.)

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*Bridge passes now require a photo, which is taken when you go and pick it up. Currently, there is no fee for your first Bridge Pass. The SIBC Bridge office is located at 200 Akwesasne International Road, on Kawehnó:ke. For more information, call the SIBC office at (613) 932-6601 ext. 128.*



## APPLICATION FOR BRIDGE PASS (community members)

**NOTE:** This Bridge Pass application is valid for the issuance of your first Bridge Pass only. Any replacement bridge passes are to be requested directly from the Seaway International Bridge Corporation (SIBC).

Please Print Clearly

Name	Address

Telephone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Status #:	DOB:
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- ☐ I HAVE ATTACHED A COPY OF MY DRIVER'S LICENSE (BOTH SIDES)
- ☐ I will wait 3 business days and go directly to the SIBC bridge office to get my bridge pass, or
- ☐ I will pick up the SIBC letter from the OVS office and deliver it myself to get a bridge pass.

***"By signing this form, I hereby give my consent to the disclosure of my information for Administrative Purposes"***

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY:

Date Faxed/Emailed:
Initials: