

U.S. Department of Justice
Immigration and Naturalization Service

**Application for Replacement of Form I-688A, Employment Authorization,
 or Form I-688, Temporary Residence Card (Under P.L. 99-603)**

Please begin with item #1, after carefully reading the instructions.

The block below is for *Government Use Only*.

| | |
|---|------------------------------------|
| Name and Location (City or Town) of Qualified Designated Entity | Fee Stamp |
| | Fee Receipt No. (This application) |
| Qualified Designated Entity I.D. No. | File No. (This applicant) A - |

Please read instructions on reverse.

FEE WILL NOT BE REFUNDED.

| | | | |
|--|--|--|--------------------------|
| 1. I hereby apply for a replacement of <input type="checkbox"/> Form I-688A, Employment Authorization Card <input type="checkbox"/> Form I-688, Temporary Residence Card | | A replacement is needed because: <input type="checkbox"/> Original was lost, stolen, or destroyed. (Give date and details in Block 12.) (If reason is one of the following, attach original document.) <input type="checkbox"/> Original was incorrect when issued (no fee required) <input type="checkbox"/> Original was mutilated | |
| 2. Family Name (Last Name in CAPITAL Letters) (First Name) (Middle Name) | | 3. Date of Birth (Month/Day/Year) | |
| 4. Home Address in the U.S. (No. and Street) (Apt. No.) (City) (State) (ZIP Code) | | | |
| 5. Telephone Numbers (Include Area Code) Home: Work: | | 6. Name used when admitted as temporary resident (If different from #2): | |
| 7. The date you were admitted or adjusted to temporary residence status: | | 8. Social Security Number: | |
| 9. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | 10. Place of Birth: (Town/City) (State/Country) | 11. Country of Citizenship: | |
| 12. Explanation: | | | |
| 13. Signature of Applicant: I CERTIFY that the information above is true and correct to the best of my knowledge and belief. If original document is not attached, I agree to mail it to the Legalization office in the event it is recovered. | | | |
| _____ Signature | | _____ Date Signed | |
| 14. Signature of Person Preparing Form if other than applicant: I DECLARE that this application was prepared by me at the request of the applicant and is based on all information of which I have any knowledge. | | | |
| _____ Signature | | _____ Address | _____ Date Signed |
| This section for use by IMMIGRATION OFFICER only. Recommend Application be <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (Immigration Officer) _____ (Date) | | | |
| Director, Regional Processing Facility: | Replacement Issued by: | On (Date): | Replacement Receipt No.: |

INSTRUCTIONS
Form I-695

COMPLETE APPLICATION

Items 1-11

Type or print in block letters, in ink, all information requested in items 1 through 11.

Item 12. Explanation.

Type or print in block letters, in ink, the reason a new document is needed. If information on the original was incorrect when it was issued, or has since changed, provide that information as it appears on the original. If the original has been destroyed, lost, or stolen, explain how you believe that happened and provide the date (or approximate date) you believe the incident occurred. If the space provided in block 12 is not adequate, attach an additional sheet.

Item 13.

Applicant must sign and date item 13.

Item 14.

If the person preparing this form is other than the applicant, that person must sign and date item 14.

SUBMIT ALL of the following, **IN PERSON**, with this application to the Immigration Legalization Office having jurisdiction over your place of residence:

DOCUMENT, if the document previously issued to you was mutilated.

CASHIER'S CHECK OR MONEY ORDER, in the amount of \$15.00, made payable to the "U.S. Immigration and Naturalization Service." This fee is for filing the application and **MAY NOT BE REFUNDED**. (Applicants residing in the Virgin Islands make cashier's check or money order payable to "Commissioner of Finance of the Virgin Islands." Applicants residing in Guam make cashier's check or money order payable to "Treasurer, Guam.")

PHOTOGRAPHS (2), taken within 30 days of the date of this application. Photographs must have a white background, be glossy, unretouched, and not mounted; dimension of facial image should be about one inch from chin to top of hair, and should be $\frac{3}{4}$ frontal view showing right side of face with right ear visible. Use pencil or felt pen to lightly print your name on the back of **EACH** photograph, **AS IT IS TO APPEAR ON THE REPLACEMENT DOCUMENT**.

PENALTIES: 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.