



Please answer all the questions below for the following time period, unless directed otherwise:

From: _____ To: _____

1) What is the full legal name and address of the firm and subdivision that employed the workers covered by the petition?

	Firm	Subdivision
Name		
Address 1		
Address 2		
City		
State, Zip	,	,

- a) How many workers were employed at the subdivision identified above on **enter "to" date**?
 - b) How many workers were employed at the subdivision identified above one year previous to the date in Question 1a) above?
 - i) Of these workers, how many are aged 50 or over?
 - c) Are further separations planned?
 - i) If so, when?
 - ii) Has a WARN notice been issued?
 - iii) How many workers will be separated?
- 2) If separations occurred or are planned, briefly explain the reasons for these separations.
- 3) Describe the business activities of the workers covered by the petition. Do they produce an article of any kind? Please explain thoroughly.



Describe the organizational structure of the firm in Question 1), including, but not limited to, the parent company, affiliates, subsidiaries, and subdivisions that the workers covered by the petition are related to. (Please attach any existing diagrams of organizational structure).

- a) In the table below, please provide address and contact information for any entities you listed in Question 4) that produce an article.
 - i) If none of these entities are engaged in the production of an article(s), write "None" in the "Entity 1" column below.
 - ii) If an entity produces more than one article, please provide the name and contact information of an official to contact to obtain data on each article produced.
 - iii) Attach additional sheets if necessary.

	Entity 1	Entity 2	Entity 3
Entity Name			
Address 1			
Address 2			
City			
State, Zip	,	,	,
Article(s) Produced			
Contact Name			
Contact Title			
Address			
City			
State, Zip	,	,	,
Telephone Number			
FAX Number/E-mail			

4) Describe how the workers covered by the petition are related to or support any of the entities you listed in Question 4).

5) To the best of your knowledge, do any of the entities listed above have workers that are TAA certified?

- a) If so, please list case numbers, if known.



- 6) Do the workers covered by the petition provide services or support under contract to any unaffiliated company?
- a) Is work done by the workers covered by the petition performed onsite at this unaffiliated company?
- i) If yes, provide the full legal name, facility address, and contact information of the unaffiliated company. Attach additional sheets if necessary.

Unaffiliated Company	
Name	
Address	
City	
State, Zip	,
Contact Name	
Contact Title	
Address	
City	
State, Zip	,

- ii) If no, please identify where the work is performed. Attach additional sheets if necessary.

Location of Work Performed	
Name	
Address 1	
Address 2	
City	
State, Zip	,

- 7) Does the work of the workers covered by the petition require skills that are not easily transferable to another position in the commuting area?
- 8) Please add any other information that you would like the Department of Labor to consider and attach additional relevant documentation.

Company Official Name

Title

Telephone Number

Fax/E-mail



Signature

Date



PROCESSING INSTRUCTIONS

This information is being requested from you as a result of a petition for TAA filed on behalf of a group of workers. In accordance with the U.S. Code of Federal Regulations (29 CFR 90.33), this information is considered confidential and will be used only by the U.S. Department of Labor in making a determination whether the criteria for TAA have been met. Your assistance in expediting the TAA Non Production Questionnaire is necessary for the Department to make the determination within the statutorily required 40 days, as mandated in Public Law 107-210.

General Instructions – Type or print legibly. Complete all items applicable to the filing petitioner(s).

Background - The Trade Act of 1974 (19 USC § 2317), as amended, established Trade Adjustment Assistance (TAA) for workers to provide assistance to workers in firms impacted by imports from foreign countries. The Trade Act of 2002 amended TAA to extend eligibility to workers in firms affected by shifts in production to certain foreign countries; eligibility was also extended to certain secondary workers. The program provides affected workers with both rapid and early intervention and the opportunity to engage in long-term training while receiving income support.

How this information will be used – The U.S. Department of Labor will use the information contained on this form to determine whether the group of workers meet the certification criteria established by law, for eligibility to apply for TAA.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligations to reply to these reporting requirements are mandatory (PL 107-210). Public reporting burden for this collection is estimated to average 3.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Trade Adjustment Assistance, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0447).