



A petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) has been filed on behalf of a group of workers of a firm of which your company has been identified as a customer. Your assistance in expeditiously completing the Business Confidential Customer Survey is necessary for the U.S. Department of Labor to determine whether these workers may be eligible for federal benefits. By law, this determination must be made within 40 days of the petition filing date (19 U.S.C. 2273(a)). **Accordingly, please complete and return this form no later than [Insert date here].**

Background – The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in companies affected by imports from foreign countries, shifts in production to certain foreign countries, and to certain secondary workers. The program provides affected workers with both rapid and early assistance and the opportunity to engage in long-term training while receiving income support. **These benefits are provided at no expense to employers.**

Alternative Trade Adjustment Assistance (ATAA) for older workers is an alternative to TAA for trade affected workers 50 years of age or older. ATAA encourages qualified trade affected workers to quickly obtain full-time employment by providing a wage subsidy in lieu of training and income support.

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

Public Burden Statement – Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is mandatory (19 USC 2321). Public reporting burden for this collection is estimated to average 1.78 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 of 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 N-5428, 200 Constitution Ave., N.W., Washington, DC 20210 (Paperwork Reduction Project 1205-0342).

Confidentiality – All information submitted under this request will be used only to determine whether the criteria for certification of the workers covered by the petition have been satisfied. The U.S. Department of Labor will protect the confidentiality of the information you provide to the full extent of the law.

Instructions – Type or print legibly. Complete all sections. Attach additional sheets if necessary. If there is no quantity or value, enter “zero” or “none”. On a separate sheet, please add any relevant information not covered in this form that you would like the U.S. Department of Labor to consider, and attach any supporting documents. If you have any difficulty completing this form or have questions, please contact **[Insert Investigator name and contact information]**.



Reference Number: TA-W- [] _____

Subject Firm: [] _____ Location: [] _____

Contact Person at the U.S. Department of Labor: [] _____

Phone: (202) 693- [] _____ Fax: (202) 693-3584 E-Mail: [] _____ @dol.gov

- Report for the article(s) below your total purchases from the subject firm, other domestic firms, and foreign firms for the last two full years, the most recent year-to-date, and the comparable period in the previous year. Include like or directly competitive products. If there is no quantity or value, enter "zero" or "none".

ARTICLE(S): _____

Period	Subject Firm		Other Domestic Firms		Foreign Firms	
	Quantity	Value	Quantity	Value	Quantity	Value
200 (Full Year)						
200 (Full Year)						
Jan thru 200						
Jan thru 200						

*Quantities provided are measured in (for example: units, dozens, pounds, tons) : _____

- For purchases made from Other Domestic Firms (identified in Question 1), were products manufactured in a foreign country?

	Yes	No
	_____	_____

 - If "Yes", indicate percentage of domestic purchases manufactured in Canada and/or Mexico, if known:

200 _____ %	200 _____ %	200 _____ %	200 _____ %
(month)	(month)	(month)	(month)
 - Indicate percentages of domestic purchases manufactured in foreign countries other than Canada or Mexico, if known:

200 _____ %	200 _____ %	200 _____ %	200 _____ %
(month)	(month)	(month)	(month)

List other countries: _____

- For purchases made directly from Foreign Firms (identified in Question 1):

	Yes	No
	_____	_____

 - Were products manufactured in Mexico and/or Canada?

If "Yes", indicate percentage for:

200 _____ %	200 _____ %	200 _____ %	200 _____ %
(month)	(month)	(month)	(month)
 - List all other countries, from which foreign purchases were made, if known: _____

"Under penalty of law, I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

TELEPHONE NUMBER	FAX	EMAIL	
TITLE	COMPANY NAME	ADDRESS	



**COMPANY OFFICIAL
NAME**

SIGNATURE

DATE