

Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

NOTE: The "back" button does not work in this application. If you wish to modify information that you have provided on previous screens, you will be given the opportunity to review and edit all of the information you have entered through a special edit screen which will appear at the end of this application.

Please print the instructions prior to accessing the online petition for easy reference while completing the petition.

Printer Friendly: Clicking [here](#) will print both pages of instructions

Instructions

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. Submission of a completed Petition Form signifies a desire to file for both TAA and ATAA. If certified for both programs, workers will have the option of applying for TAA benefits and services and, if reemployment occurs within 26 weeks of the worker's separation, may be eligible to receive ATAA instead of TAA, if the worker desires.

A worker group (minimum of three workers), union official or other authorized representative, state or local agency representative in a local One Stop Career Center, or knowledgeable firm official must complete this Petition Form, by answering all questions before submitting it to the Department.

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 required to obtain or maintain benefits (19 USC 2321). Public reporting burden for this collection is estimated to average 20 minutes 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 Department of Labor at the address provided below (Paperwork Reduction Project 1205-0342).

Filing Directions

- ← You must submit the Petition Form within 1 YEAR from the date on which the workers were separated or had their hours/wages reduced, but no more than 60 days before layoffs are scheduled or expected to begin.
- ← Once the petition is submitted by electronic filing application, a copy of the petition will be simultaneously transmitted to the Department of Labor and the state office covering the location of the worker group.
- ← The petition date will be recorded as the date that the electronic filing application is submitted.

Questions? Contact the Department of Labor at:

U.S. Department of Labor
Division of Trade Adjustment Assistance
Room N-5428
200 Constitution Ave., N.W.
Washington, DC 20210
Phone: 202-693-3560
Fax: 202-693-3584, 3585
Internet: <http://www.doleta.gov/tradeact>

Cancel

Continue

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Please print and read before you begin

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Required Information

The online filing applicant will not be able to save a partially completed petition; therefore, he or she should have the following information on hand before beginning the online application process:

- ← The names, addresses and telephone numbers of all petitioners (up to 3). Please note that up to three petitioners can file on behalf of all the workers in the group and the Department does not need a list of all the workers in the group to appear in order to determine the eligibility of the entire worker group.
- ← The name or a description of the workers on whose behalf the petition is filed.
- ← The name and address of the firm where the workers are employed.
- ← The name, address, telephone number, and title of an official at the company where the workers are employed.
- ← The approximate date on which worker separations began or are scheduled to begin.
- ← The approximate number of workers who have been or will be separated.
- ← A description of the articles produced by the workers.

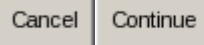
To review all of the information requested in the application that will help the Department of Labor assess the worker group eligibility as quickly as possible, please download or print the complete petition at <http://www.doleta.gov/tradeact/petitions.cfm> (or [click here](#)). Although the online petition is a different format from the print petition, the information collected is the same.

Helpful Tips to Online Filing

The online petition contains several screens that will appear one at a time and will provide the petitioner the opportunity to complete the necessary information. **Note that the "back" button has been disabled and you will not be able to return to previous screens until the end of the application.** At the end of the petition application process, a final edit screen will appear that will allow the user to edit any and all sections of the petition that have already been completed. Once the user has had the opportunity to review and correct all sections of the completed petition, he or she will then choose an option at the bottom of the screen that will transmit the petition to DTAA and to the relevant state office.

Throughout the online petition, there are help tags next to petition sections and terms which appear like this ([Help](#)). Clicking on help tags will provide pop-up windows that will provide additional description of the information that is required.

The online petition allows for the attachment of up to 3 documents. Please note that the attachments must be in MS Word, MS Excel, MS PowerPoint, or in pdf. format, and must also be less than 2MB each in size. For those who wish to file petitions with more than three attachments or attachments that do not fit the above requirements, please download and print a paper copy of the petition, and submit a completed petition with relevant attachments via fax or U.S. Mail.



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Section 1 of 4: Petitioner Information

Select Petitioner Type [Help](#)

Please select your petitioner type below.

An asterisk (*) denotes required information.

← Select Petitioner Type:

- ← Three Workers [Help](#)
- Company Official
- Union Official
- State Workforce Office
- One-Stop Operator/Partner
- Other Authorized Representative

Cancel

Continue

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Section 1 of 4: Petitioner Information

Enter Petitioner Information [Help](#)

Please provide as much information as possible for the petitioner below. Providing as much information as possible will allow DOL investigators to more quickly gather data and issue a determination on eligibility.

Information for Petitioner 1:

An asterisk (*) denotes required information.

Job Title:	<input type="text"/>		
* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Address:	<input type="text"/>	Address (continued):	<input type="text"/>
* City:	<input type="text"/>	* State:	<input type="text"/>
* Zip:	<input type="text"/>		
* Primary Telephone:	<input type="text"/> Ext. <input type="text"/>	Alternate Telephone:	<input type="text"/> Ext. <input type="text"/>
Email:	<input type="text"/>		
* Estimated/Actual Worker Separation Date: Help	Separation Date Month <input type="text"/>	Separation Date Day <input type="text"/>	Separation Date Year <input type="text"/>

[Save And Add More](#)

[Continue To Section 2](#)

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Section 2 of 4: Workers' Firm/Subdivision Information

Enter Firm/Subdivision Information [Help](#)

Provide information on the firm or appropriate subdivision employing the worker group. Workers completing this petition should provide information for the subdivision where they work. All other petitioner types may apply on behalf of more than one subdivision. Providing as much information as possible will allow DOL investigators to more quickly gather data and issue a determination on eligibility.

Information about Workers' Firm/Subdivision 1:

An asterisk (*) denotes required information.

* Name of Firm: [Help](#)

Name Subdivision: (if appropriate) [Help](#)

* Address:

Address (continued):

* City:

* State:

* ZIP:

Primary Telephone: Ext.

Website URL: (if appropriate)

Federal Employer Identification Number: (if known) XX-XXXXXXX

* Are any articles produced at subject firm? Yes
If yes, please list what articles are produced? (2000 Character Maximum)

No
If no, what do workers do? (2000 Character Maximum)

How many workers have been or will be laid off? (enter a number between 3 and 99999)

* Is the plant closing? [Help](#) No

Yes

If yes, enter Closing Date: Closing Date Month Closing Date Day Closing Date Year

Is the worker group: (check all the boxes that apply) [Help](#) Employed by a firm/subdivision that produces an article.

Contracted to perform work for a firm/subdivision that produces an article(s)

Worker's Firm/Subdivision Officials: [?](#)

Provide contact information for two knowledgeable officials familiar with the trade effects at each firm/subdivision.

Official 1

* Job Title:

* First Name:

* Last Name:

* Primary Telephone:

 Ext.

Alternate Telephone:

 Ext.

Fax:

Email:

Official 2

Job Title:

First Name:

Last Name:

Primary Telephone:

 Ext.

Alternate Telephone:

 Ext.

Fax:

Email:

[Save and Add More](#)

[Continue to Section 3](#)

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Section 3 of 4: Trade Effects

Enter Information Regarding Trade Effects [Help](#)

Please enter information regarding trade effects at your firm/subdivision. Providing as much information as possible will allow DOL investigators to more quickly gather data and issue a determination on eligibility.

Information Regarding Trade Effects:

* In your opinion, does the worker group work at a firm or subdivision that has (check all that apply):

1. Increased imports of like or directly competitive article(s) from a foreign country(s).
2. Shifted production of the article(s) to a foreign country(s).
3. Customers that have increased imports from a foreign country(s).
4. Supplied component parts produced by a firm with a currently TAA certified worker group.
5. Assembled or finished articles provided by a firm with a currently TAA certified worker group.

Currently TAA Certified Worker Group:

If you selected numbers 4 or 5 from above, please provide additional information for the firm with a currently TAA certified worker group.

An asterisk (*) denotes required information.

* Firm Name:

Address:

Address (continued):

City:

State:

ZIP:

Telephone:

 Ext.

Certification
Number:

(if known, TA-W-
format)

Certification Date: (if known) Certification Date Month

Certification Date Day

Certification Date Year

Article(s) Produced: (2000 Character Maximum)

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Section 3 of 4: Trade Effects

Enter Additional Information and Attach Any Supporting Documents [Help](#)

Providing as much information as possible will allow DOL investigators to more quickly gather data and issue a determination on eligibility.

Information Supporting Eligibility:

An asterisk (*) denotes required information.

- * Provide the reasons why you believe the worker group is eligible for TAA and ATAA certification, in the space below. (2000 character maximum) (2000 character maximum)

Upload any supporting documents by selecting a file below:

File 1:

File 2:

File 3:

Note: Microsoft Office and Adobe PDF formatted files only, 2MB or smaller.

[Continue To Section 4](#)

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Section 4 of 4: Review and Affirmation of Information

Review Your Information Entered [Help](#)

Take a moment to review all sections of your petition for accuracy. Because of the large amount of information, the lists below have been condensed. Use the links to expand or collapse any section.

[Printer-Friendly Version](#)

To view the printer-friendly version you must have the Adobe Acrobat Reader installed on your computer. If you do not have a copy of Acrobat Reader installed, you can download a free copy Adobe Acrobat Reader from the [Adobe Web Site](#).

Section 1 - Petitioner Information

[Collapsed View](#)

[Edit](#) | [Add New Petitioner](#)

Petitioner 1

Other Authorized Representative

TEST TEST

TEST

TEST, VA 22303

Primary Phone: (703) 960-1234

Secondary Phone:

Email:

Estimated/Actual Worker Separation Date: May 4, 2008

Section 2 - Firm/Subdivision Information

[Collapsed View](#)

[Edit](#) | [Add New Firm/Subdivision](#)

Name of Firm: TEST

Subdivision:

TEST

TEST, VA 22303

Primary Phone:

Website:

Federal Employer Identification Number:

Are any articles produced at subject firm?

Yes - TESTTESTTESTTEST

How many workers have been or will be laid off?

Is the plant closing? No

Official 1:

TEST TEST , TEST

Primary Phone: (703) 960-1234

Alternate Phone:

Fax:

Email:

Official 2:

Primary Phone:

Alternate Phone:

Fax:

Email:

Information Regarding Trade Effects

In your opinion, does the worker group work at a firm or subdivision that has: (check all that apply)

- ← Increased imports of like or directly competitive article(s) from a foreign country(s).

Based on your selection(s) above, you've provided additional information for the firm with a currently TAA certified worker group.

Primary Phone:

Article(s) Produced:

Certification Number:

Certification Date:

Additional Information & Supporting Documents:

Provide the reasons why you believe the worker group is eligible for TAA and ATAA certification:

Upload any supporting documents:

No documents.

Continue

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Section 4 of 4: Review and Affirmation of Information

Affirmation of Information [Help](#)

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). If there is more than one petitioner, checking the box in Section 4 of the electronic filing application confirms that the petition was completed with the authorization of all petitioners listed in this document.

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

I Agree

The petition date will be recorded as the date that the petition is transmitted electronically via website to DTAA.

The petition will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the Department of Labor.

Cancel

Submit Petition

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Thank You

Your Petition Has Been Sent [Help](#)

The petition has been sent simultaneously to both DTAA in Washington D.C. and to the relevant office in the state where the workers are employed. Generally, 40 days after receiving a TAA petition, the DTAA will make a final determination on whether or not the eligibility requirements have been met.

The DTAA will notify petitioners and a company official of its determination. If the petition is certified, the state will notify the individual workers in the group.

Workers who are certified by DTAA may then apply for individual reemployment services and benefits under TAA that will help them obtain suitable employment. In order to receive benefits for ATAA, workers must also meet individual criteria. Certified workers apply for individual services and benefits through their local One-Stop Career Centers.

Email Your TAA Petition

You may email a copy of your petition form to any valid email address using the [Email Your Petition](#) form.

Download, Print, and Sign Your TAA Petition For Your Records

Please download, print and sign a copy of your TAA Petition, then retain for your records or in case of audit. If you have provided an email address for your petitioner(s), a copy will be emailed to that address. To download, view and print your TAA Petition, you must have the Adobe Acrobat Reader installed on your computer. If you do not have a copy of Acrobat Reader installed, you can download a free copy Adobe Acrobat Reader from the [Adobe Web Site](#).

TAA Petition: [PDF Format](#) (aprox 65KB)

Submit Another Petition

[Click here](#) to start another petition.

