



Compliance Date:

## Processing Instructions

A petition for Trade Adjustment Assistance (TAA) has been filed on behalf of a group of workers. Your assistance in expeditiously completing this form 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 a certain time period following the filing date of the petition (19 U.S.C. 2273(a)). The Secretary of Labor is authorized to obtain this information through subpoena if you fail to comply with this request (19 U.S.C. 2272(e)(3)(B)). 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 firms with a decline in sales or a decline in production of articles or supply of services affected by imports of articles or services from foreign countries or shifts in production or services to foreign countries, and to workers in public agencies that have shifted the provision of a service to a foreign country. After receiving a TAA petition, TAA investigators analyze the facts to determine whether increased imports or shifts in production contributed importantly to the workers' actual or threatened layoffs or work reductions and to determine whether the required minimum proportion of the workforce has either been laid off or is threatened with layoffs. The TAA Program provides petitioners with both rapid and early assistance. Once a petition has been granted and workers are certified as eligible to participate in the TAA program, workers covered by a certification may contact their state workforce agency to apply for additional reemployment assistance including long-term training while receiving income support and other benefits. These benefits are provided at no expense to employers.

**Completing Form:** 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, and attach any supporting documents. If you have any difficulty completing this form or have questions, please contact [Insert investigator name here].

**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, in accordance with the Trade Act, 19 USC 2272 (e)(3)(c), the Trade Secrets Act, 18 USC 1905, the Freedom of Information Act, 5 U.S.C. 552, and 29 CFR Parts 70 and 90.

**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 4 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, Trade Adjustment Assistance Program, Room N-5428, 200 Constitution Ave., N.W., Washington, DC 20210 (Paperwork Reduction Project 1205-0342).



Compliance Date: \_\_\_\_\_

TA-W - : [     ]  
Subject Firm: [     ]  
Location: [     ]

**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, and attach any supporting documents. If you have any difficulty completing this form or have questions, please contact [Insert investigator name here].

## Part I

### A. Subject Firm Information

- (1) Official Subject Firm Name \_\_\_\_\_ Division (if any) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
- (2) Parent company of \_\_\_\_\_ (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
- (3) Federal Employer Identification No. (FEIN): \_\_\_\_\_  
(a) In the past one year, have the workers' wages been reported under another FEIN? Yes  No   
(b) If yes, explain why and list the other FEIN and the corporate name for the other FEIN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. Articles Produced

- (1) Describe the articles manufactured by the subject firm and their end uses. If the firm does not produce an article, stop here and contact the Department of Labor investigator assigned to your case.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (2) Identify the North American Industry Classification System (NAICS) code(s) for the subject firm, and the Harmonized Tariff Schedule classification for the articles produced there, if known:  
\_\_\_\_\_  
\_\_\_\_\_



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**C. Organizational Structure**

(1) Describe the organizational structure of the subject firm, including, but not limited to, the parent company, affiliates, subsidiaries. Are there any other subdivisions manufacturing articles that are like or directly competitive with the articles manufactured at the subject firm? (Please attach any existing diagrams of organizational structure.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) In the space below, provide the name and address of all contractors and staffing agencies supplying leased or temporary workers to the subject firm in the past one year and describe their functions.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Recent Employment Activities of**

(1) Have worker separations occurred or are any expected? (Include leased or temporary workers) Yes  No

- (a) If separations are expected in the future, when? \_\_\_\_\_
- (b) How many total workers do you expect to be separated? \_\_\_\_\_
- (c) Have workers' wages or hours been reduced? \_\_\_\_\_

Yes  No

(2) Explain the reasons for these separations and/or the reductions in wages or hours. If you believe the separations are/were in any way caused by the effects of foreign trade, please describe.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(3) Has the subject firm ceased operating or is a shutdown scheduled? Yes  No

- (a) If yes, date of shutdown: \_\_\_\_\_ (b) Is the shutdown permanent? Yes  No

**E. Total Employment / Employment per Article at [Subject Firm name]**

**Total employment, including leased or temporary workers (salaried and hourly)**  
 Number

20	20	Jan thru 20	Jan thru 20

**Are any leased or temporary workers included in these numbers?** Yes  No



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If the subject firm produces more than one article, but individual workers are assigned to work related to one specific product line at the subject firm, indicate the number of workers for each article in the table provided below (for example, the number of workers who produce radiators only) . Report the firm's data for the article identified for the last two full years, the most recent year-to-date period, and the comparable period in the previous year. Reproduce and attach additional sheets as necessary.

	20	20	Jan thru 20	Jan thru 20
<b>Article:</b> _____ <i>Number</i>				
<b>Article:</b> _____ <i>Number</i>				
<b>Article:</b> _____ <i>Number</i>				
<b>Article:</b> _____ <i>Number</i>				

**Part II**

**A. Recent Shifts In Production and Imports**

- (1) Has the subject firm or parent company, affiliates, branches, or subdivisions imported or acquired from a foreign country articles that are like or directly competitive with articles produced by the subject firm? Yes  No
- (2) Has the subject firm or parent company, affiliates, branches, or subdivisions imported any finished products that incorporate an article like or directly competitive with the article produced by the workers at the subject firm? (For example, the subject firm produces manifolds and the parent company imports engines) Yes  No
- (3) Has the subject firm or parent company, affiliates, branches, or subdivisions producing like or directly competitive articles shifted that work to another country or countries, or is a shift in production to another country scheduled? Yes  No

(a) If yes, on what date did or will the shift begin? \_\_\_\_\_

(b) On what date was the shift completed? \_\_\_\_\_

- (4) Has the subject firm contracted to have this article produced outside the United States? Yes  No

If yes, explain the arrangement and describe the article that will be produced:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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(5) To the best of your knowledge, is your firm experiencing a decline in sales caused by customers purchasing imported articles rather than the articles produced by your firm? Yes  No  If yes, please explain.

(6) Is your firm experiencing a decline in sales to a customer located outside the United States? Yes  No

(a) If yes, does the customer located outside the United States incorporate the articles produced by your firm into a product that is then imported into the United States? Yes  No

(7) Has your firm lost bids for contracts to supply the articles produced by the firm in the past 2 years? Yes  No

**B. Subject Firm Sales, Production, and Imports**

Provide the information requested on this page for *each* article produced by your firm at this location. Reproduce and attach additional sheets as necessary. Report the firm's data for the article identified for the last two full years, the most recent year-to-date period, and the comparable period in the previous year. Please provide the applicable unit of measurement below each table.

Article Produced: \_\_\_\_\_

		20	20	Jan thru 20	Jan thru 20
Sales (This location only)	Dollars				
	Quantity*				
Production (This location only)	Dollars				
	Quantity*				
Exports (This location only)**	Dollars				
	Quantity*				
Imports Firm-wide (Including Like or Directly Competitive Articles)	Dollars				
	Quantity*				
Imports Firm-wide of Finished Articles Incorporating Articles Like or Directly Competitive with the Article Identified Above	Dollars				
	Quantity*				

List countries where imports originated: \_\_\_\_\_



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	20	20	Jan thru 20	Jan thru 20
<b>Production Shifted From this Location to Foreign Countries</b>				
<i>Dollars</i>				
<i>Quantity*</i>				

List countries involved in the shifts in production: \_\_\_\_\_

\*Quantities provided are measured in: \_\_\_\_\_ (For example: units, dozens, pounds, tons)

\*\*Export data is required for the Department's analysis in its investigation.

Numbers shown are actual or estimates? \_\_\_\_\_

### C. Secondary Impact

(1) Does the subject firm conduct business with a firm whose workers have been certified under the TAA program?  
Yes  No

(a) If yes, please describe the business relationship with the TAA-certified firm and include the TAA certified firm in the list of customers provided in section D.

\_\_\_\_\_  
\_\_\_\_\_

### D. Sales to Customers

For *each* article produced by the subject firm at this location, provide a list of the subject firm's customers that account for the majority **of the decline** in sales of the article identified. Report the subject firm's data for the last two full years, the most recent year-to-date, and the comparable period in the previous year. Reproduce and attach additional sheet(s) as necessary.

Are numbers shown actual or estimates? \_\_\_\_\_

Identify article: \_\_\_\_\_

	20	20	Jan thru 20	Jan thru 20
Company Name: _____				
Address: _____	<i>Dollars</i>			
Contact/Buyer: _____				
Phone: _____	<i>Quantity*</i>			
Email: _____				
Fax: _____				

Identify the finished article(s) into which the article identified above is directly incorporated: \_\_\_\_\_



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		20	20	Jan thru 20	Jan thru 20
Company Name:					
Address:					
	<i>Dollars</i>				
Contact/Buyer:					
Phone:					
Email:	<i>Quantity*</i>				
Fax:					

Identify the finished article(s) into which the article identified above is directly incorporated: \_\_\_\_\_

		20	20	Jan thru 20	Jan thru 20
Company Name:					
Address:					
	<i>Dollars</i>				
Contact/Buyer:					
Phone:					
Email:	<i>Quantity*</i>				
Fax:					

Identify the finished article(s) into which the article identified above is directly incorporated: \_\_\_\_\_

		20	20	Jan thru 20	Jan thru 20
Company Name:					
Address:					
	<i>Dollars</i>				
Contact/Buyer:					
Phone:					
Email:	<i>Quantity*</i>				
Fax:					

Identify the finished article(s) into which the article identified above is directly incorporated: \_\_\_\_\_

\*Quantities provided are measured in: \_\_\_\_\_ (For example: units, dozens, pounds, tons)



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## Part III

### Affirmation of Information

The information you provide on this form will be used for the purposes of determining worker group eligibility. Knowingly falsifying any information on this form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). By signing below, you agree to the following statement:

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

NAME AND TITLE OF COMPANY OFFICIAL: \_\_\_\_\_

SIGNATURE OF COMPANY OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Please provide contact information for individuals who may be contacted with follow-up questions regarding Part I or Part II, if different from the company official signing the affirmation.

Part I

Part II

a) Name	_____	_____
a) _____	_____	_____
b) Title	_____	_____
c) Phone – Work	_____	_____
d) Phone – Alternate	_____	_____
e) Fax	_____	_____
f) E-mail	_____	_____