



Processing Instructions

A petition for Trade Adjustment Assistance (TAA) has been filed on behalf of a group of workers at [insert subject firm's name, **city and state** here]. As a customer of that firm, the U.S. Department of Labor needs your help in determining whether that firm has been hurt by foreign trade. 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 **unless directed otherwise**. 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** a 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 2.5 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 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).



Reference Number: TA-W-
Subject Firm:
Location:

Contact at the U.S. Department of Labor: E-Mail: @dol.gov
Phone: (202) 693- Fax: (202) 693-3986 or (202) 693-3585 or (202) 693-3584

Name of Customer and Location:

Part I

1. Report for the **article or service** your total purchases from the subject firm, other firms located in the United States, and firms located outside of the United States for the periods identified in the table below. **Include like or directly competitive products or services.** If there is no quantity or value, enter "zero" or "none".

Article or Service:

Period	Purchases from the Subject Firm Purchases From Subject Firm Purchases/Contracts		Purchases from Other Firms Located in the U.S. Other Firms Located in the U.S. Purchases/Contracts		Imports into the U.S. Purchases from Firms Located Outside the U.S. Firms Located Outside the U.S. Purchases/Contracts	
	Quantity*	Dollars	Quantity*	Dollars	Quantity*	Dollars
20 (Full Year)						
20 (Full Year)						
Jan thru 20						
Jan thru 20						

*Quantities provided are measured in (for example: units, kilograms, pounds, tons or hours of work provided for under contract, value contract, number of phone calls, etc):

List countries where imports originated:

2. For purchases made from Other Firms Located in the U.S. (identified in Question 1), was the **product wholly or partially manufactured or service performed** in a foreign country? Yes ☐ No ☐

a) If "Yes", indicate percentage of ~~[the service performed by workers]~~ domestic purchases ~~[manufactured]~~ originating in foreign countries, if known:

2007: _____%	2008: _____%	Jan thru 2008: _____%	Jan thru 2009: _____%
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— List countries:

Are numbers shown actual or estimates?

3. If your company's purchases from the subject firm have declined, please explain why:



4. Does your firm produce articles directly incorporating component parts supplied by the subject firm (identified in Question 1) or using services supplied by the subject firm (identified in Question 1) **Yes** ☐ **No** ☐

4. Identify any article(s) into which you directly incorporate the [articles] purchased from _____:

4. Are the services supplied by the subject firm directly used to produce an article? **Yes** ☐ **No** ☐

— If yes:

— (a) Identify any articles produced using services supplied by the subject firm: _____

— (b) Is the decline in purchases from the subject firm caused by your company importing articles like or directly competitive with the articles produced using the services supplied by the subject firm? **Yes** ☐ **No** ☐

— (c) To the best of your knowledge, is the decline in purchases from the subject firm caused by your company's customers importing articles like or directly competitive with the articles produced using the services supplied by the subject firm? **Yes** ☐ **No** ☐

IMPORTANT!

If you reported increasing imports of the article or service identified in Question 1 OR answered “No” to Question 4, proceed to Part III, complete “Affirmative Information” and return this form to the DOL.

IMPORTANT!!

If you answered “No” to Question 4 return this form to the Department of Labor.

If you answered “Yes” to Question 4 (a) , please proceed to and complete Question 5.

If you answered “Yes” to Question 4 (b), please proceed to and complete Question 6.

5. Identify the article(s) into which your firm directly incorporates the components purchased from the subject firm or the article(s) produced using services supplied by the subject firm: _____

Article(s) Identified In Question 4

5. Report for the article(s) identified in Question 4 your total purchases from firms located in the U.S. and firms located outside the U.S. for the last two full years, the most recent year to date, and the comparable period in the previous year in the table below. **Include like or directly competitive products.** If there is no quantity or dollar, enter “zero” (0) or “none”.

Period	Purchases from Firms Located in the U.S.		Purchases from Firms Located Outside the U.S.	
	Quantity*	Dollars	Quantity*	Dollars
20____(Full Year)				
20____(Full Year)				
Jan thru____20____				
Jan thru____20____				

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



5. Report the firm's data for imports of the article produced using the services supplied by the subject firm (or those like or directly competitive with it) for the last two full years, the most recent year-to-date, and the comparable period in the previous year in the table below. Include like or directly competitive products. If there is no quantity or value, enter "zero" (0) or "none".

Articles Identified in Question 4		20	20	Jan thru	Jan thru
				20	20
Imports including like or directly competitive articles	Dollars				
	Quantity*				

*Quantities provided are measured in (for example: units, kilograms, pounds, tons):
Numbers shown are actual or estimates?

6. List all U.S. facilities of your firm, which produce articles incorporating components or services purchased from the subject firm:

6. For purchases made from firms located in the U.S. (identified in Question 5), was the product manufactured in a foreign country? Yes ☐ No ☐

a) If "Yes", indicate percentage of U.S. purchases manufactured in foreign countries, if known:

20	%	20	%	Jan thru	20	%	Jan thru	20	%
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7. Is your company switching from purchasing articles or services from the subject firm to purchasing articles or services from a supplier outside the U.S.? Yes ☐ No ☐

7. For purchases made from firms located outside the U.S. (identified in Question 5), did the articles incorporate [subject firm component parts] manufactured in the U.S.? Yes ☐ No ☐

a) If "Yes", indicate percentage of Non-U.S. manufactured article(s) identified in Question 4 incorporating U.S. manufactured [subject firm component parts]:

20	%	20	%	Jan thru	20	%	Jan thru	20	%
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8. For each article identified in Question 5, provide the information requested on this page for the periods requested below. Please provide the applicable unit of measurement below each table. If there is no quantity or dollar value, enter "zero" (0) or "none".

Article identified in Question 5:		20	20	Jan thru	Jan thru
				20	20
Your Firm's Total Sales	Dollars				
	Quantity*				
Your Firm's U.S. Imports which contain U.S. manufactured [insert subject firm component part]	Dollars				
	Quantity*				
Your Firm's U.S. Imports which contain non-U.S. manufactured [insert subject firm component part]	Dollars				
	Quantity*				

List countries where U.S. imports originated:

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



~~8. Has your firm experienced a decrease in sales of articles identified in Question 4 to your customers during the time periods listed above? Yes ☐ No ☐~~

~~9. If known, identify any countries that are the sources of any imports identified in the questions above:~~ _____

IMPORTANT!!!

If you answered "No" to Question 8, return this form to the Department of Labor. If you answered "Yes" to Question 8, please proceed to and complete Question 10.

9. If you reported declining sales for the periods identified above, please provide a list of your firm's foreign *and* domestic declining customers that account for the majority of your sales of the article identified in Question 5. Report the firm's sales for the periods identified in the table below. Reproduce and attach additional sheets as necessary.

~~10. For each finished article identified in Question 4 above, provide a list of your firm's foreign *and* domestic customers that account for the majority of your sales of the article identified. Report the firm's sales 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.~~

Identify article: _____

~~6. Provide a list of your firm's customers that account for the majority of the decline in the sales of the article(s) produced using the services supplied by the subject firm.~~

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

*Quantities provided are measured in: _____ (For example: units, kilograms, pounds, tons.)

~~Are numbers shown actual or estimates?~~ _____



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 is true, correct, and complete.”

NAME OF COMPANY OFFICIAL: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE
NUMBER: _____

FAX NUMBER: _____

Business Confidential Customer Survey
First Tier Purchasers of Articles
Compliance Date:

U.S. Department of Labor
Trade Adjustment Assistance Program


OMB No. 12
Expires: 11/30/2009

Business Confidential Customer Survey
Compliance Date:

U.S. Department of Labor
Trade Adjustment Assistance Program


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Red Means changes inserted.

~~**Blue with strikeout means text deleted.**~~

Green means combined with other text.