TA-W-



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).

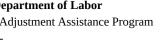
OMB # 1205-0342 Exp. 11/30/09

	Subject Firm: Location:	TA-W-					
Contact at the U.S. Depar	tment of Labor:)) F ()		E-Mail:	@dol.gov	(202) (02 250
		Phone: (202) 69	93- Fax: (2	(02) 693-3986	or (202) t	93-3585 or ((202) 693-358
Name of Customer and L	ocation:						
			Part I				
here is no quantity or val Article or Service:	lue, enter "zero" or "	none".					
	Purcha	Other Firms Located in the U.S.		Imports into the U.S. urchases from Firms Located Outside the U.S. rms Located Outside the U.S. Purchases/Contracts			
Period	Quantity*	Dollars	Quantity*	Dollars	Q	uantity*	Dollars
20 (Full Year)							
20 (Full Year)							
Jan thru 20							
Jan thru 20							
*Quantities provided are nours of work provided f List countries where imp	for under contract, va			etc):			
For purchases made frou from the following for service produced or service produced for the following for the formula of the f	erformed in a forei	gn country? Yes	S □ No □	·		•	
a) If "Yes", indicate pe ntries, if known:	rcentage of line se	Trice periorifica i		'			9

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

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	ce articles directly incorpor d by the subject firm (ident	rating component parts supplitified in Question 1)	ed by the subject firm (ide Yes	entified in Question 1) or
. Identify any article(s) into	o which you directly inco	rporate the [articles] purch	ased from :	
— If yes:	es produced using service	directly used to produce ares	- article?	Yes □ No □
		ject firm caused by your co sing the services supplied t		
	ting articles like or direc	cline in purchases from the tly competitive with the arti		
		IMPORTANT!		
		article or service identi "Affirmative Informati		
		IMPORTANT!!		
If you answered "No" to	Question 4 return this	form to the Department o	o f Labor.	
I f you answered "Yes" to	Question 4 (a) , please	e proceed to and comple	te Question 5.	
If you answered "Yes" to	Question 4 (b), please	proceed to and complet	e Question 6.	
5. Identify the article(s) into from the subject firm or the		incorporates the components ervices supplied by the subject		
	dentified in Question 4 yrs, the most recent year-	to-date, and the comparat	rms located in the U.S and the previou	and firms located outside the syear in the table below.
		ns Located in the U.S		s Located Outside the U.S.
Devied	O a . a titu . at	Delleve	O constitues	Dellere

1 CHOO	Quartity	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):

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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".

(0) or "non	e <u>". </u>			•					
-Articles Id	dentified i	n Question	-4		20	20	Jan thru	Jan thru	
Imports including like or directly competitive articles		Dollars							
				Quantity*					
_		are measu actual or es	•	(ample: units,	kilograms, po	unds, tons): _			
6. List all U.	S. facilities	of your firm	, which produ	ice articles inco	orporating comp	onents or servi	ces purchased from	the subject firm	:
country?	Yes 🗇 N	10 		•	ied in Question		oroduct manufactu	ıred in a foreigr	1
20 —	%	20	₩	Jan thr i	u 20	— %	Jan thru	20	%
a) If "Yes"	nt parts] n , indicate p	nanufacture	ed in the U.S of Non-U.S	S.? Yes 🗇	No 🗇	,	the articles incorporation 4 incorporation		
20	%	20	₩	Jan thr i	u 20	— %	Jan thru	20	%
	e unit of me	easurement b					he periods requested er "zero" (0) or "nor	Jan thru	provide
Your Firm's Total Sales		Dollars			20	20			
		Quantity*							
		orts which co		Dollars					
manufactur part]	ed [insert s	subject firm o	component	Quantity*					
Your Firm's		orts which co		Dollars					
U.S. manufactured [insert subject firm component part]		Quantity*							
		.S. imports o	originated:			•			

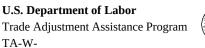
*Quantities provided are measured in (for example: units, kilograms, pounds, tons):



8. Has your firm experienced a decrease in listed above? Yes 🗆 No 🗔	sales of articles ide	ntified in Qu	uestion 4 to your	customers during	the time periods
9. If known, identify any countries that are the	he sources of any in	nports ident	ified in the quest	ions above:	
	IMPOI	RTANT!!!			
If you answered "No" to Question 8, retuplease proceed to and complete Question		- Departm e	nt of Labor. If y	ou answered "Y	es" to Question 8,
9. If you reported declining sales for the periods customers that account for the majority of your the table below. Reproduce and attach addition	sales of the article ide	entified in Qu			
10. For each finished article identified in Qua account for the majority of your sales of the year-to-date, and the comparable period in t	article identified. Re	eport the fire	m's sales for the	last two full years,	the most recent
I dentify article:					
6. Provide a list of your firm's customers th	nat account for the m	najority of th	ne 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:					
Contact/Buyer: Phone: Fax: Email:	Quantity*				
Company Name: Address:	Dollars				
Contact/Buyer: Phone: Fax: Email:	Quantity*				
Company Name: Address:	Dollars				
Contact/Buyer: Phone: Fax:	Quantity*				
Email:			(Far 1		and tout
*Quantities provided are measured in:			(For example	: units, kilograms, p	ounds, tons.)

Are numbers shown actual or estimates?

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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 and complete."	declare that to the b	est of my knowledge and belief the information I ha	ve provided is true, correct,
NAME OF COMPANY	OFFICIAL:		
TITLE:			
SIGNATURE:	_		DATE:
BUSINESS ADDRESS:			
E-MAIL ADDRESS:			
TELEPHONE NUMBER:		FAX NUMBER:	
Business Confidential Cu First Tier Purchasers of A Compliance Date:	=	U.S. Department of Labor Trade Adjustment Assistance Program	OMB No. 12 Expires: 11/30/2009
Business Confidential Cu	istomer Survey	U.S. Department of Labor Trade Adjustment Assistance Program	OMB No. 12I Expires: 11/30/2009
and Manus abaness inco	ut a al		

Red Means changes inserted.

Blue with strikeout means text deleted.

Green means combined with other text.