



Employment and Training Administration

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- TAA Petition
- Investigative Forms
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- Other Training Opportunities and Reemployment Services
- Find a One Stop Career Center
- Contacts

OMB No. 1205-9042

Expires: 1/31/2013

## Petition for Trade Adjustment Assistance (TAA)

**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.**

### Warning

This is a U.S. Government computer system, which may only be accessed and used by authorized personnel for official government business. Individuals using this computer system with or without authorization are subject and consent to having their activities monitored and recorded by authorized system personnel. All data contained on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed in any manner by authorized personnel. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials, and could result in punishment by fine, imprisonment, or both (18 U.S. Code 1030). Unauthorized access or use of this computer system by any person whether authorized or unauthorized, constitutes consent to these terms and may subject violators to criminal, civil, and/or administrative action.

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Created: February 02, 2006

Updated: January 11, 2010



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#### About the Trade Adjustment Assistance (TAA) Program

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms hurt by foreign trade. Program benefits include long-term training while receiving income support. TAA provides both rapid and early assistance. Filing this petition is the first step in qualifying for benefits and assistance. After the petition is filed, the U.S. Department of Labor will determine whether a significant number or proportion of the workers of the firm have become total or partially separated or are threatened to become totally or partially separated, and whether imports or a shift in production or services to a foreign country contributed importantly to these actual or threatened separations and to a decline in sales or in production of articles or supply of services. Workers in public agencies may also qualify for assistance where an agency has acquired from a foreign country services like or directly competitive with the services the agency supplies. If a petition is approved and the 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 benefits. **These benefits are provided at no expense to employers.**

#### Filing Instructions

- **A group of three workers from the same firm at the same job location, or a union official, or a state or local agency representative in a local One Stop Career Center, or an employer official, or a legally authorized representative must complete this Petition Form by answering all questions before submitting it to the U.S. Department of Labor.**
- **You must date and submit the Petition Form within 1 YEAR from the date on which the workers were separated or had their hours / wages reduced.**
- You must file the Petition Form with **both** the U.S. Department of Labor in Washington, DC **and** the TAA coordinator or the dislocated worker office of the state where the firm or public agency is located.
  - **To file with the U.S. Department of Labor**, use one of the methods below (electronically submit or fax for quicker processing):
    - Electronically submit** the Petition Form online at <http://www.doleta.gov/tradeact/petitions.cfm> OR
    - Fax** the completed Petition Form to 202-693-3585, OR
    - Mail** the completed Petition Form to the U.S. Department of Labor at:
      - U.S. Department of Labor
      - Trade Adjustment Assistance Program
      - 200 Constitution Ave NW, Room N-5428
      - Washington, DC 20210
  - **To file with the TAA coordinator or the dislocated worker office of the state:**
    - Use the contact information below to find the appropriate filing address. If this Petition Form includes firms in different states, copies of this completed Petition Form must be filed in each state where firms or public agencies are located.
    - Toll-Free Helpline:** 1-877-US2-JOBS (TTY) 1-877-889-5627
    - Internet:** <http://www.servicelocator.org>

**This section has changed: Originally it read: ...at 202-693-3560 (Main Number),... Now it reads ...at 202-693-3560 or 1-888-365-6822,...**

#### For assistance in preparing a petition

Petitioners may request assistance in preparing the petition at their local One-Stop Career Center, by contacting the U.S. Department of Labor in Washington, D.C. at 202-693-3560 or 1-888-365-6822, or by contacting their State Dislocated Worker Unit or Employment Security Agency through the telephone numbers or internet addresses provided above.

If you choose to file a petition on behalf of workers at more than one location, please contact OTAA at the numbers above.

**This sentence is new and is used to inform more complex petitioners to contact the OTAA for assistance.**

#### To check the status of your petition go to:

[http://www.doleta.gov/tradeact/taa/taa\\_search\\_for.cfm](http://www.doleta.gov/tradeact/taa/taa_search_for.cfm)

#### 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, completing and reviewing the collection of information, and a state review. 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 above (Paperwork Reduction Project 1205-0342).

Cancel Continue

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Created: February 02, 2006

Updated: January 11, 2010

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U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210  
[www.doleta.gov](http://www.doleta.gov) | Telephone: 1-877-US-2JOBS | TTY: 1-877-889-5627 | Fax: 1-202-693-2726 | [Contact Us](#)

F67: **This sentence is new and is used to inform more complex petitioners to contact the OTAA for assistance.**

H64: **This section has changed: Originally it read:**

...at 202-693-3560 (Main Number),...

**Now it reads**

...at 202-693-3560 or 1-888-365-6822,...



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This link opens a new window in printer friendly format of all instructions for completing the online petition.

There will be a help icon (not shown) that will demonstrate the way help will be made available within the application. Hovering over this icon and text will show a sample help message.

### Petition for Trade Adjustment Assistance (TAA)

This portion of the document is new and is used to notify the end user that they will have a limited time to idle while completing the application.

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.

#### Before You Start

The system session will terminate after 15 minutes of inactivity. Please make sure to have all information available to apply for the online petition form.

Please print and read before you begin

Printer friendly: Clicking [here](#) will print both instruction pages.

#### Required Information

The online petition will not be able to save a partially completed petition. Please use this checklist to make sure you have all the information before beginning the online petition process:

- Petitioner(s) name and contact information, including current address, phone, email
- Approximate or actual date of worker separation
- Employer name and contact information, including address, phone, email, website
- Contact information for two current company contacts, including name, title, phone, email

#### Helpful Tips for Online Filing

The online petition is an electronically submitted form that is identical to the petition forms available [here](#) for download. This electronic form does not replace the paper petition; rather, it provides an alternate, paperless option for the convenience of those who prefer it. Filing electronically will not impact the investigative process or final determination on petition

Once you begin the online filing process, several screens that will appear one in sequence to guide you through the petition. Note that the "back" button has been disabled and you will not be able to return to previous screens until the entire petition is completed. At the completion of the petition, a final edit screen will appear that will allow you to edit any section(s) of the petition that you have completed. Once you have reviewed and corrected all sections of the petition, you will have the option to transmit the petition to OTAA and the relevant State agency.

Throughout the online petition, there will be "Help Tags" next to each section. Clicking or hovering on these tags will open windows that provide additional description of the information that is required.

If you are providing supporting information, the online petition will allow you to attach up to 3 documents. These documents must be in MS Word, MS Excel, or .pdf format and less than 2 MB each in size. For additional attachments, please print and submit the completed petition together with relevant attachments by fax to (202) 693-3585.

If you have any questions, please contact the U.S. Department of Labor in Washington D.C. at 202-693-3560 or 1-888-365-6822.

Cancel Continue

This link takes the user to the downloadable copy of the form opened in a new window

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.

- F27: **This link opens a new window in printer friendly format of all instructions for completing the online petition.**
- G51: **There will be a help icon (not shown) that will demonstrate the way help will be made available within the application. Hovering over this icon and text will show a sample help message.**
- I19: **This portion of the document is new and is used to notify the end user that they will have a limited time to idle while completing the application.**
- L42: **This link takes the user to the downloadable copy of the form opened in a new window**



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#### Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union.

How many petitioners are filling out this form?

This is a new question used to setup the form's number of petitioners. Once this is selected, the screen will readjust (not reload) and show the correct number of petitioners for data entry.

Cancel Continue

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.

Updated: January 11, 2010

The following text has changed from:  
"Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union."  
to  
"Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union."

D24: **The following text has changed from:**

**"Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union."**

**to**

**"Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union."**

H26: **This is a new question used to setup the form's number of petitioners. Once this is selected, the screen will readjust (not reload) and show the correct number of petitioners for data entry.**





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#### Section 1. Petitioner Information

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How many petitioners are filling out this form?

This is a new question used to setup the form's number of petitioners. The number of petitioners selected makes all required elements within the petitioner required for each Petitioner section that follows.

#### Petitioner 1

a) Name

b) Title

c) Street Address

City, State, Zip

d) Phone - Main

e) Phone - Alternate

f) E-mail

g) Worker Separation Date  (mm/dd/yyyy)

h) Petitioner Type: (Please check one)

Three Workers

Company Official

Union Official

State Workforce Office

One-Stop Operator/Partner

Other Authorized Representative

i) Describe the worker group on whose behalf this petition is being filed:

When the Petitioner Type is selected to be "Three Worker" within any number of the petitioners selections, the other two petitioner types are forced to change to "Three Workers".

The description of the worker group is only to be collected on the first petitioner as all petitioners are of the same group.

#### Petitioner 2

a) Name

b) Title

c) Street Address

City, State, Zip

d) Phone - Main

e) Phone - Alternate

f) E-mail

g) Worker Separation Date  (mm/dd/yyyy)

h) Petitioner Type: (Please check one)

Three Workers

Company Official

Union Official

State Workforce Office

One-Stop Operator/Partner

Other Authorized Representative

#### Petitioner 3

a) Name

b) Title

c) Street Address

City, State, Zip

d) Phone - Main

e) Phone - Alternate

f) E-mail

g) Worker Separation Date  (mm/dd/yyyy)

h) Petitioner Type:  
(Please check one)

- Three Workers
- Company Official
- Union Official
- State Workforce Office
- One-Stop Operator/Partner
- Other Authorized Representative

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E24: **The following text has changed from:**

**"Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union."**

**to**

**"Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union."**

F48: **The description of the worker group is only to be collected on the first petitioner as all petitioners are of the same group.**

G40: **When the Petitioner Type is selected to be "Three Worker" within any number of the petitioners selections, the other two petitioner types are forced to change to "Three Workers".**

H26: **This is a new question used to setup the form's number of petitioners. The number of petitioners selected makes all required elements within the petitioner required for each Petitioner section that follows.**



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#### Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union.

How many petitioners are filling out this form?

#### Petitioner 1

a) Name

b) Title

c) Street Address

City, State, Zip

d) Phone - Main

e) Phone - Alternate

f) E-mail

g) Worker Separation Date  (mm/dd/yyyy)

h) Petitioner Type: (Please check one)

Three Workers

Company Official

Union Official

State Workforce Office

One-Stop Operator/Partner

Other Authorized Representative

Union Name

i) Describe the worker group on whose behalf this petition is being filed:

The following text has changed from:

"Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union."

to

"Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union."

When Union Official is selected, Union Name must be entered.

On the physical paper we state that only one selection is allowed; however, the online application will allow one to choose one petitioner type for each petitioner unless the petitioner type is "Three Workers"

Cancel Continue

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- D39: **On the physical paper we state that only one selection is allowed; however, the online application will allow one to choose one petitioner type for each petitioner unless the petitioner type is "Three Workers"**
- E24: **The following text has changed from:**
- "Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union. "**
- to**
- "Provide petitioner information below. Three workers from the same job location completing this Petition Form must enter information for three petitioners. Other petitioners need only fill in the Petitioner 1. A union official completing this petition form should provide the name of the Union."**
- K40: **When Union Official is selected, Union Name must be entered.**



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Section 2. Workers' Firm / Public Agency Information

Provide information on the firm or public agency employing the worker group. Complete items (a) - (g) regarding the employing firm or public agency. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) - (m) regarding the firm or public agency at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State.

If you choose to file a petition on behalf of workers at more than one location, please contact OTAA for assistance at 1-888-365-6822.

Empty text box for notes or additional information.

This is a new sentence added to this section.

Original form has a typo that should be (a) - (g). Original states (a) - (h).

Original form has a typo that should be (h) - (m). Original states (i) - (m).

Employer (Firm or Public Agency)

a) Name of Firm / Public Agency

b) Street Address

City, State, Zip

c) Phone

d) Website (if known)

e) Describe the article produced or service supplied by this firm or public agency

f) How many workers have been or may be separated (if known)?

g) Is the firm or any part of the firm closing (if known)?  Yes  No

If yes, when?  (mm/dd/yyyy)

Do workers work at the location described above?  No

The following sentence has been removed "If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary." and replaced with the following that has been moved just prior to letter h) "If you choose to file on behalf of workers at more than one location, please fill out items h) through m) of this form."

When "Yes", the date is required below within the "if yes, when?" question.

This is a new question to determine if the questions h - m should be displayed. If "No" then the h - m display.

If you choose to file on behalf of workers at more than one location, please fill out items h) through m) of this form.

h) Name of Firm / Public Agency

i) Street Address

City, State, Zip

j) Phone

k) Describe the article produced or service supplied by this firm or public agency

l) How many workers have been or may be separated (if known)?

m) Is the firm or any part of the firm closing (if known)?  Yes  No

If yes, when?  (mm/dd/yyyy)

This question is in a new position and only shows when sections h - m are being filled out.

Cancel Continue

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.

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- D31: **This is a new sentence added to this section.**
- E29: **The following sentence has been removed**  
**"If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary."**  
**and replaced with the following that has been moved just prior to letter h)**  
**"If you choose to file on behalf of workers at more than one location, please fill out items h) through m) of this form."**
- G51: **When "Yes", the date is required below within the "if yes, when?" question.**
- H56: **This is a new question to determine if the questions h - m should be displayed. If "No" then the h - m display.**
- J61: **This question is in a new position and only shows when sections h - m are being filled out.**
- L22: **Original form has a typo that should be (a) - (g). Original states (a) - (h).**
- L25: **Original form has a typo that should be (h) - (m). Original states (i) - (m).**





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Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm or public agency are due to foreign trade. (Example: Production has been / is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

[Empty text box for providing reasons for separations]

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

Official 1

a) Name [ ] [ ]

b) Title [ ] [ ]

c) Phone - Work [ ] ext. [ ]

d) Phone - Alternate [ ] ext. [ ]

e) Fax [ ]

f) E-mail [ ]

When the above box is checked, the ability to add attachment files (Word, PDF, image) documents will be accepted.

Official 2

a) Name [ ] [ ]

b) Title [ ] [ ]

c) Phone - Work [ ] ext. [ ]

d) Phone - Alternate [ ] ext. [ ]

e) Fax [ ]

f) E-mail [ ]

Cancel Continue

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.

F35: **When the above box is checked, the ability to add attachment files (Word, PDF, Image) documents will be accepted.**



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This Page/Section is not present within the physical form. This is intended to allow the petitioner a final opportunity to review all of the data that have keyed into the system prior to the point of submission.

Petition Review and Affirmation of Information

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.

Clicking on Collapse View will make it such that the section of information is eliminated from view with exception of the header row. The header will remain so that this area of data can be expanded for review at a later point during review.

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

All of the information within Section 1 will display as it does at the point of data entry, but all of the form elements are read-only on this screen.

Collapsed View

Edit

Petitioner 1

a) Name: FirstPetitioner1, LastPetitioner1

b) Title: Shift Workers

c) Street Address: 123 Special Lane

c) Street Address: Apt 2

City, State, Zip: Washington, DC, 20059

d) Phone - Main: (202)123-4567

e) Phone - Alternate:

f) E-mail: firstPetitioner@email.com

g) Worker Separation Date: 08/15/2010 (mm/dd/yyyy)

h) Petitioner Type: (Please check one)

- Three Workers
- Company Official
- Union Official Union Name
- State Workforce Office
- One-Stop Operator/Partner
- Other Authorized Representative

i) Describe the worker group on whose behalf this petition is being filed:

The edit button can be clicked to edit any of the Section 1 Information.

Petitioner 2

a) Name: FirstPetitioner2, LastPetitioner2

b) Title: Shift Workers

c) Street Address: 456 Hollow Ct

c) Street Address: Apt 2

City, State, Zip: Salisbury, MD, 20512

d) Phone - Main: (410)123-4567

e) Phone - Alternate:

f) E-mail: secondPetitioner@email.com

g) Worker Separation Date: 08/15/2010 (mm/dd/yyyy)

h) Petitioner Type: (Please check one)

- Three Workers
- Company Official
- Union Official Union Name
- State Workforce Office
- One-Stop Operator/Partner
- Other Authorized Representative

i) Describe the worker group on whose behalf this petition is being filed:

Petitioner 3

a) Name: FirstPetitioner3, LastPetitioner3

b) Title: Shift Workers

c) Street Address: 549 Left Field

c) Street Address:

City, State, Zip: Columbia, MD, 21034

City, State, Zip | Columbia | MD | 20514-1234

d) Phone - Main | (301)514-4567

e) Phone - Alternate

f) E-mail | thirdPetitioner@email.com

g) Worker Separation Date | 08/15/2010 (mm/dd/yyyy)

h) Petitioner Type: (Please check one)

Three Workers

Company Official

Union Official Union Name

State Workforce Office

One-Stop Operator/Partner

Other Authorized Representative

i) Describe the worker group on whose behalf this petition is being filed:

Clicking on Collapse View will make it such that the section of information is eliminated from view with exception of the header row. The header will remain so that this area of data can be expanded for review at a later point during review.

**Section 2. Firm/Public Agency**

The edit button can be clicked to edit any of the Section 2 Information.

[Collapsed View](#)

Provide information on the firm or public agency employing the worker group. Complete items (a) - (g) regarding the employing firm or public agency. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) - (m) regarding the firm or public agency at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State.

If you choose to file a petition on behalf of workers at more than one location, please contact

Additional firms can be added if required. There is no limitation to the number of firms that can be tied to one petition.

This firm does several things to do the creation of actors, widgets and other specialized items

All of the information within Section 2 will display as it does at the point of data entry, but all of the form elements are read-only on this screen.

**Employer (Firm or Public Agency)**

a) Name of Firm / Public Agency | Sample Firm

b) Street Address | 123 New Hampshire Avenue

City, State, Zip | Silver Spring | MD | 20904

c) Phone | (301)384-1234

d) Website (if known) | http://www.mysamplefirm.com

e) Describe the article produced or service supplied by this firm or public agency | Methods and Actors

f) How many workers have been or may be separated (if known)? | 100

g) Is the firm or any part of the firm closing (if known)? | Yes

If yes, when? (mm/dd/yyyy)

Do workers work at the location described above? | No

If you choose to file on behalf of workers at more than one location, please fill out items i) through m) of this form.

If you choose to file on behalf of workers at more than one location, please fill out items i) through m) of this form.

h) Name of Firm / Public Agency | Sample Firm

i) Street Address | 123 Firm Street

Suite 400

City, State, Zip | Baltimore | MD | 21224

j) Phone | (410)123-4567

k) Describe the article produced or service supplied by this firm or public agency | Widgets and Wireframes

l) How many workers have been or may be separated (if known)? | 20

m) Is the firm or any part of the firm closing (if known)? | Yes

If yes, when? | 08/24/2010 (mm/dd/yyyy)

Clicking on Collapse View will make it such that the section of information is eliminated from view with exception of the header row. The header will remain so that this area of data can be expanded for review at a later point during review.

The edit button can be clicked to edit any of the Section 3 Information.

**Section 3. Trade Effects on Separations**

All of the information within Section 3 will display as it does at the point of data entry, but all of the form elements are read-only on this screen.

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm or public agency are due to foreign trade. (Example: Production has been / is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

There are several reason why the company is in this situation.

[Collapsed View](#)

[Edit](#)

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

**Official 1**

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

**Official 2**

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

**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.**

Created: February 02, 2006

Updated: January 11, 2010

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**Employment and Training Administration**  
U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210  
[www.doleta.gov](http://www.doleta.gov) | Telephone: 1-877-US-2JOBS | TTY: 1-877-889-5627 | Fax: 1-202-693-2726 | [Contact Us](#)

- E106: All of the information within Section 2 will display as it does at the point of data entry, but all of the form elements are read-only on this screen.
- F30: All of the information within Section 1 will display as it does at the point of data entry, but all of the form elements are read-only on this screen.
- F167: All of the information within Section 3 will display as it does at the point of data entry, but all of the form elements are read-only on this screen.
- I20: This Page/Section is not present within the physical form. This is intended to allow the petitioner a final opportunity to review all of the data that have keyed into the system prior to the point of submission.
- M108: The edit button can be clicked to edit any of the Section 2 Information.
- O167: The edit button can be clicked to edit any of the Section 3 Information.
- P29: Clicking on Collapse View will make it such that the section of information is eliminated from view with exception of the header row. The header will remain so that this area of data can be expanded for review at a later point during review.
- P31: The edit button can be clicked to edit any of the Section 1 Information.
- P106: Clicking on Collapse View will make it such that the section of information is eliminated from view with exception of the header row. The header will remain so that this area of data can be expanded for review at a later point during review.
- P108: Additional firms can be added if required. There is no limitation to the number of firms that can be tied to one petition.
- P165: Clicking on Collapse View will make it such that the section of information is eliminated from view with exception of the header row. The header will remain so that this area of data can be expanded for review at a later point during review.



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OMB No. 1205-9042 Expires: 1/31/2013

- TAA Petition
- Investigative Forms
- Application Process
- Searchable Listing of Determinations
- Other Training Opportunities and Reemployment Services
- Find a One Stop Career Center
- Contacts

Petition for Trade Adjustment Assistance (TAA)

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.

Section 4. Affirmation of Information

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). For this petition to be valid, each of the petitioners listed in Question 1 must sign below, and the Petition Form must be dated. By signing below, you agree to the following statements:

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

a) Signature	[Petitioner Name 1] [/s]	[Petitioner Name 2] [/s]	[Petitioner Name 3] [/s]
b) Name (Print)	Petitioner Name 1	Petitioner Name 2	Petitioner Name 3
c) Date of Petition	[Will be recorded upon submission]		

The person entering the form must select this checkbox in order to submit this petition. This ensures that the user understands and agrees to this affirmation.

The "Date of Petition" will be saved upon the submission of the form. Prior to the user submitting the form, this date cannot be populated.

Email Your TAA Petition

You may email a copy of your petition form to any valid email address by clicking [here](#)

The Petition Form 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 U.S. Department of Labor.

Cancel Submit Petition

This is a new link used to expand the courtesy email functionality so that the user can email the petition to one or more recipients. Clicking this link toggles the display of the email section of the form.

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.

As this is the final page, the button text changes to "Submit Petition" so the user clearly understands that are transmitting the petition to DOL.

- E30: **The person entering the form must select this checkbox in order to submit this petition. This ensure that the user understands and agrees to this affirmation.**
- F46: **As this is the final page, the button text changes to "Submit Petition" so the user clearly understands that are transmitting the petition to DOL.**
- H34: **The "Date of Petition" will be saved upon the submission of the form. Prior to the user submitting the form, this date cannot be populated.**
- K41: **This is a new link used to expand the courtesy email functionality so that the user can email the petition to one or more recipients. Clicking this link toggles the display of the email section of the form.**





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OMB No. 1205-9042

Expires: 1/31/2013

### Petition for Trade Adjustment Assistance (TAA)

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#### Section 4. Affirmation of Information

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). For this petition to be valid, each of the petitioners listed in Question 1 must sign below, and the Petition Form must be dated. By signing below, you agree to the following statements:

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

a) Signature	[Petitioner Name 1] [/s]	[Petitioner Name 2] [/s]	[Petitioner Name 3] [/s]
b) Name (Print)	Petitioner Name 1	Petitioner Name 2	Petitioner Name 3
c) Date of Petition	[Will be recorded upon submission]		

The person entering the form must select this checkbox in order to submit this petition. This ensures that the user understands and agrees to this affirmation.

The "Date of Petition" will be saved upon the submission of the form. Prior to the user submitting the form, this date cannot be populated.

#### Email Your TAA Petition

You may email a copy of your petition form to any valid email address by clicking [here](#)

Your Full Name:

Your Email Address:

This is a new link used to expand the courtesy email functionality so that the user can email the petition to one or more recipients. Clicking this link toggles the display of the email section of the form.

Email your petition form to:

Separate multiple addresses with commas.

Add a personal note: (750 Character Maximum)

Separate multiple addresses with commas.

The Petition Form 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 U.S. Department of Labor.

**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.**

As this is the final page, the button text changes to "Submit Petition" so the user clearly understands that they are transmitting the petition to DOL.

Created: February 02, 2006

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- E30: **The person entering the form must select this checkbox in order to submit this petition. This ensure that the user understands and agrees to this affirmation.**
- F79: **As this is the final page, the button text changes to "Submit Petition" so the user clearly understands that are transmitting the petition to DOL.**
- H34: **The "Date of Petition" will be saved upon the submission of the form. Prior to the user submitting the form, this date cannot be populated.**
- K41: **This is a new link used to expand the courtesy email functionality so that the user can email the petition to one or more recipients. Clicking this link toggles the display of the email section of the form.**



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OMB No. 1205-9042  
Expires: 1/31/2013

## Petition for Trade Adjustment Assistance (TAA)

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### Thank You

The petition has been sent simultaneously to both OTAA 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 OTAA will make a final determination on whether or not the eligibility requirements have been met.

The OTAA 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 OTAA 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.

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