

Processing Instructions

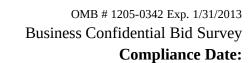
A petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) has been filed on behalf of a group of workers at [insert subject firm's name, city and state here]. Your assistance in expeditiously completing this form is necessary for the U.S. Department of Labor 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 and ATAA 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 to determine whether the criteria for certification of the workers covered by 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, Office of Trade Adjustment Assistance Program, Room N-5428, 200 Constitution Ave., N.W., Washington, DC 20210 (Paperwork Reduction Project 1205-0342).





Reference Nun Subject I Loca		TA-W-			
Contact at the U.S. Department of Labo		Phone: (202) 693-		E-Mail:	@dol.gov 03-3585 or (202) 693-3584
Name of Customer and Location:					
Project I.D. Number: Date of award:					
Description of project:					
Please answer the questions below r 1. Who was / were the successful a			l address(es))		
			,		
2. At what U.S. dollar value was th	e cont	ract awarded to the suc	cessful awardee?		
3. On what date was the project aw	arded	to the firm?			
4. On what date was the contract to	begin	n?			
5. On what date was the contract to	expir	e?			
6. If other than in the U.S., indicate	wher	e the product was prod	iced or where the se	rvice is supplie	d.
7. If other than the awardee, who value, name of firm, and address)	was t	he lowest domestic bio	der? At what U.S.	dollar value w	as the bid entered? (List
Name		Locat			Value
8. List the ranking of the five lower					
_1.					



OMB # 1205-0342 Exp. 1/31/2013 Business Confidential Bid Survey **Compliance Date:**

2.		_				
3. 4.		_				
5.		_ _				
9. Was the bidding competition designed so that the lowest bidder received the award? (Explain other qualifying criteria if any).						
10. Would it have been possible for mo	in the award?	Yes □ No □				
11. Were any major portions of the suc If yes, who was (were) the subcont	Yes □ No □.					
Name			Location			
Affirmation of Information The information you provide on this for falsifying any information on this form By signing below, you agree to the follows:	is a Federal offense (18 USC § wing statement:	1001) and a violation	n of the Trade Act (19 USC	§ 2316).		
"Under penalty of law, I declare that is true, correct, and complete."	to the best of my knowledge a	and belief the inform	ation I have provided in t	his form		
NAME OF COMPANY OFFICIAL:						
TITLE:						
SIGNATURE:	DATE:					
BUSINESS ADDRESS:						
E-MAIL ADDRESS:						
TELEPHONE NUMBER:	FAX NUMBER:					