Compliance Date:



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

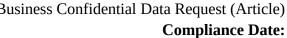
Business Confidential Data Request (Article) **Compliance Date:**



TA-W -: Subject Firm: Location:

Contact at the U.S. Department of Labor:	E-Mail: @dol.gov		
Contact at the 0.5. Department of Eubor.	Phone: (202) 693-	Fax: (202) 693-3986; (202)	
	Dov	. . . Т	
	Par	11	
A. Subject Firm Information			
(1) Official Subject Firm Name Address Website			any)
(2) Federal Employer Identification No. (FEIN)	:		
(a) In the past one year, have the workers'		der another FEIN? Yes	No
(b) If yes, explain why and list the other FE			<u> </u>
(3) Parent company of Subject Firm (if applicab Address	ole)		
(4) Provide the names and addresses of all comworkforce in the past year and describe the		l or temporary workers to the sul	oject firm to supplement the firm's
B. Organizational Structure Describe the organizational structure of the Are there any other subdivisions manufactus subject firm? (Please attach any existing disconnected in the subject firm?)	ring articles that are lik	te or directly competitive with th	
C. Articles Produced			
(1) Describe the articles manufactured by the state the Department of Labor investigator assign		d uses. If the firm does not prod	uce an article, stop here and contact
(2) Identify the North American Industry Class	ification System (NAIC	'S) codo(s) for the subject firm	and the Harmonized Tariff
Schedule (HTS) classification for the article			ina aic Haimomzea Talili
(3) Are the articles produced by the subject firm If yes, please identify the finished article(s)	-		Yes □ No □

Business Confidential Data Request (Article)





(4) If more than one product is produced at the subject firm, are workers (including leased Yes ☐ No ☐	workers) separately identifiable by product?
If yes, please explain.	
Part II	
A. Recent Activities of Subject Firm	
(1) Have worker separations occurred or are any expected? (Include leased or temporary w (a) How many workers were separated at the subject firm since (insert beginning im) (b) If future worker separations are planned or expected, when will they occur? (c) How many workers will be separated? (d) Have workers' wages and hours been reduced? Yes ☐ No ☐	pact date)?
(2) Explain the reasons for these separations and the reduction in wages and hours. If you b caused by the effects of foreign trade, please describe.	relieve the separations are/were in any way
(3) Do the workers in the workers' firm possess skills that are not easily transferable?	Yes □ No □
	Yes No No
(4) Has the subject firm ceased operating or is a shutdown scheduled? (a) If yes, date of shutdown: (b) Is the shutdown permanent?	Yes No No
(5) Has the subject firm or parent company, affiliates, branches, or subdivisions imported o are like or directly competitive with articles produced by the subject firm?	or acquired from a foreign country articles that Yes \square No \square
(6) Has the subject firm or parent company, affiliates, branches, or subdivisions imported a like or directly competitive with the article produced by the workers at the subject firm manifolds and the parent company imports engines)	
(7) Has the subject firm or parent company, affiliates, branches, or subdivisions producing work to another country or countries, or is a shift in production to another country sche	· · ·
a) If yes, date of the beginning of the shift: b) [Date the shift completed:
(8) Has the subject firm contracted to have the article produced outside the United States? If yes, explain the arrangement and describe the article that will be produced:	Yes □ No □
(9) To the best of your knowledge, is your firm experiencing a decline in sales caused by coarticles rather than the articles produced by your firm? Yes No If yes, please	
(10) Is your firm experiencing a decline in sales to a customer located outside the United S	States? Yes \(\sigma\) No \(\sigma\)
(a) If yes, does the customer located outside the United States incorporate the articles by your firm into a product that is then imported into the United States? IMPORTANT!	

Business Confidential Data Request (Article)

Compliance Date:

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

Report the firm's data for the articles identified below, **including like or directly competitive articles**, for the periods provided in the table. Please provide the applicable unit of measurement below each table. **If more than one product is produced at this location, reproduce and complete a form for each product.**

Article Produced:					
		20	20	Jan thru 20	Jan thru 20
Employment (including leased or temporary wo associated with this article	orkers)				
Number of workers reported above age 50 or or (including leased or temporary workers) associathis article					
Total Sales (This location only)	Dollars				
	Quantity*				
Production (This location only)	Dollars				
	Quantity*				
U.S. Exports (This location only)	Dollars				
	Quantity*				
U.S. Imports Firm-wide (Including Like or Directly Competitive Articles)	Dollars				
	Quantity*				
U.S. Imports Firm-wide of Finished Articles Incorporating U.S. Manufactured Components Like or Directly Competitive with the Article Identified Above	Dollars Quantity*				
U.S. Imports Firm-wide of Finished Articles Incorporating non-U.S. Manufactured Components Like or Directly Competitive with the Article Identified Above	Dollars				
	Quantity*				
Production Shifted by the Subject Firm or Parent Company From this Location to Foreign Countries	Dollars				
	Quantity*				
List countries where imports originated: List countries to which production was shifted: *Quantities provided are measured in: Numbers shown are actual or estimates?			(For example: un	its, dozens, pounds, to	ons)
C. Secondary Impact Does the subject firm conduct business with a firm If yes, please describe the business relationship wi					

provided in section D.

Business Confidential Data Request (Article) **Compliance Date:**



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

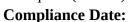
comparable period in the previous year. Reproduce and attach additional sheet(s) as necessary.

CUSTOMERS:		20	20	Jan thru 20	Jan thru 20
Company Name:Address:	Dollars			20	20
Contact/Buyer: Tel: Fax: Email:	Quantity*				
Company Name:Address:	Dollars				
Contact/Buyer:Fax: Fel:Fax:	Quantity*				
Company Name:Address:	Dollars				
Contact/Buyer:Fax: Fel:Fax:	Quantity*				
Company Name:Address:					
Contact/Buyer:Fax: Tel:Fax:	Q 1 1 3				
Company Name:Address:					
Contact/Buyer: Fax: Геl: Fax:	Quantity*				
Company Name:Address:	Dollars				
Contact/Buyer:Fax:Fax:	Quantity*				
*Quantities provided are measured in:			For example: ι	ınits, dozens, pound	s, tons)

E. LOST BIDS / CONTRACTS FOR ARTICLES

(For example: units, dozens, pounds, tons)

Business Confidential Data Request (Article)





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

If yes, list the major projects for which the subject firm submitted unsuccessful bids during the last two years. Reproduce and attach sheet(s) if needed to provide information for major contracts lost.

FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION	
Name:	Product:	ID#:	
Address:		Amount of Bid:	
Contracting Agent:	Quantity:	Date of Award:	
	-	Awardee (If Known):	
Phone/Fax:	Period Of Performance:		
FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION	
Name:	Product:	ID#:	
Address:		Amount of Bid:	
Contracting Agent:	Quantity:	Date of Award:	
		Awardee (If Known):	
Phone/Fax:	Period Of Performance:		
FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION	
Name:	Product:	ID#:	
Address:		Amount of Bid:	
Contracting Agent:	Quantity:	Date of Award:	
		Awardee (If Known):	
Phone/Fax:	Period Of Performance:		
		AWARDEE (IF KNOWN):	
	-		

Part III

Business Confidential Data Request (Article) Compliance Date:



Affirmation of Information

The information you provide on this form will be used for the purposes of determining worker group eligibility and to estimate the total number of workers covered by the petition. 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 OF COMPANY OFFICIAL: TITLE: **SIGNATURE:** DATE: **BUSINESS ADDRESS: 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 II a) Name a) b) Title c) Phone - Work d) Phone – Alternate e) Fax f) E-mail