

**Online TAA Petition, per October 2011  
Amendments**

## I. General Instructions

The changes marked on this document are based on the 2009 Version of the TAA petition. All references to public agencies will be removed, with very few other changes.



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TAA Petition OMB No. 1205-0342  
Expires: 1/31/2013

### Petition for Trade Adjustment Assistance (TAA)

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**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: October 12, 2010

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**Employment and Training Administration**  
U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210

## Instructions – How to Submit an Online Petition

Delete sentence which makes reference to public agencies. Change text to the following:

### 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.

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TAA Petition

OMB No. 1205-0342  
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Please print and read before you begin.

Printer Friendly Version: Click [here](#) to print both pages of the instructions. To view the printer-friendly version you must have the Adobe Acrobat Reader installed on your computer. You can download a free copy of Adobe Acrobat from the [Adobe Website](#).

#### 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.**

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.

## Instruction – Helpful Tips for Online Filing

No changes to this screen.



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TAA Petition

**You are in the TEST environment.  
Any petition submitted within the TEST environment will not be processed.**

OMB No. 1205-0342  
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.**

Please print and read before you begin.

Printer Friendly Version: Click [here](#) to print both pages of the instructions. To view the printer-friendly version you must have the Adobe Acrobat Reader installed on your computer. You can download a free copy of Adobe Acrobat from the [Adobe Website](#).

#### Before You Start

The system session will terminate after 15 minutes of inactivity. In order to ensure your privacy, the information that you enter on this online petition form is not saved. Please make sure you have all the required information available before you begin.

#### 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  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.

## II. Section One. Petitioner Information

No changes to this screen.

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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? \*

\* = required fields  
\*\* = May be required for some petitioners

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### III. Section 2. Firm/Public Agency Information

Remove all references to Public Agency in the headers. New text for headers reads:  
Section 2. Workers' Firm/~~Public Agency~~ Information

New text for paragraph one reads:

Provide information on the firm ~~or public agency~~ employing the worker group. Complete items (a) - (h) 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 (i) - (m) regarding the firm ~~or public agency~~ at which the workers perform their jobs.

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**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.

**▲ The following issues must be resolved before you can continue:**

- Name of Firm/Public Agency: Please provide the name of the workers' firm or public agency.
- Firm Street Address: Please provide the street address of the workers' firm or public agency.
- Firm City: Please provide the city of the workers' firm or public agency.
- Firm State: Please select the state of the workers' firm or public agency.
- Firm Zip: Please provide a valid zip code for the workers' firm or public agency.
- Firm Phone - Main: Please provide a valid telephone number for the workers' firm or public agency.
- Worker Location: Please state whether workers perform work at the location provided above?

**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.

**Employer (Firm or Public Agency) ?**


a) Name of Firm / Public Agency \*

b) Street Address \*  Firm 1: Name

## IV. Section 3. Firm/Public Agency Information

Remove reference to public agencies. New text for Paragraph 1 reads:

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.)

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**⚠ The following issues must be resolved before you can continue:**

- Separation Date: Please describe the reasons for your separation.
- First Name: Please enter the First Name of an official of the workers' firm or public agency.
- Last Name: Please enter the Last Name of an official of the workers' firm or public agency.
- Title: Please enter the Professional Title of an official of the workers' firm or public agency.
- Phone - Work: Please enter the telephone number of an official of the workers' firm or public agency.

**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.) \* ?

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. [Click to Add \(Attach\) Documents.](#)

I have attached additional information or supporting documents. ?

## V. Petition Review and Edit Information

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#### Petition Review and Affirmation of Information

Before submitting your petition, please take a moment to review the information that you have entered. Please note that you may not edit information directly onto this screen. You may return to any previous section to revise content by clicking EDIT. Once you complete your revisions, you may select continue to return to this Petition Review Screen.

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To view the printer friendly version you must have Adobe Acrobat Reader installed on your computer. If you do not have a copy of Acrobat Reader installed, you can download a free copy from the [Adobe Website](#).

#### Section 1. Petitioner Information [Edit Section 1](#)

**Petitioner 1**

a) Name (First, Last) \*

b) Title \*\*

c) Street Address \*

City, State, Zip \*

d) Phone - Main \*

e) Phone - Alternate \*\*



## VI. Section 4. Affirmation of Information

No changes to this screen.

The screenshot shows the top navigation bar of the Department of Labor website, including the logo and various menu items like 'About ETA', 'Find Job & Career Info', etc. Below the navigation bar, the page title is 'Employment and Training Administration'. The main content area is titled 'TAA Petition' and contains the following text:

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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 of this Petition Form is a Federal offense (18 USC 1001) and a violation of the Trade Act (19 USC 2320), as amended. If there is more than one petitioner, checking this box confirms that this electronic petition form was completed with the authorization of all petitioners listed in this document. By signing below, you agree to the following statement:"

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

=

a) Signature [ /s] Sharon Leu  
b) Name (Print) Sharon Leu  
c) Date of Petition [The petition date will be recorded as the date that the petition is transmitted electronically via website to OTAA.]

## Emailing Petition

No changes to this screen.

The screenshot shows the 'Email Your TAA Petition' section of the application. It includes the following text:

### Email Your TAA Petition

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

The petition 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 Department of Labor.

\* = required fields  
\*\* = May be required for some petitioners


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## VII. Thank You Screen

No changes to this screen.



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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. After receiving the TAA petition, OTAA will begin an investigation to determine whether group eligibility requirements have been met.

All petitions that are under investigation can be found at <http://www.doleta.gov/tradeact/determinations.cfm>. If, after 5 business days, you do not see your petition on this website, please contact OTAA at 202-693-3560 or 1-888-365-6822.

OTAA will notify petitioners and officials of a worker's firm of the final determination. In order to receive benefits, workers must meet separate individual eligibility criteria. When workers are certified eligible to apply for TAA, the State will contact them to provide information on how to apply for individual benefits and training through local One-Stop Career Centers.

**Download and Save Your TAA Petition** ?

You may download a printer friendly version of the petition you have just filed for your records. In order to ensure privacy, you will have two (2) minutes to begin to the download. After two (2) minutes, you will automatically be redirected to the OTAA home page.

[Download Petition.](#)

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## VIII. Help Tags

### *Section Two Help Tags*

Remove all references to Public Agencies.

#### **Firm/~~Public Agency~~ Information**

Petitioners must provide information about the firm ~~or public agency~~ where the workers are employed. Contact information must be provided for at least two knowledgeable officials of that company in order for the Department to initiate the investigative process.

#### **Name of Firm**

The name of the company that employs the workers covered by the petition.

### *Section Three Help Tags*

Remove all reference to Public Agencies.

#### **Information Regarding Trade Effects**

A trade effect may include a shift in production, outsourcing of services, increased imports, loss of business with a TAA certified firm, or affirmative finding of injury by the US International Trade Commission.

Please provide as much information as possible. Once a petition is filed, the Office of Trade Adjustment Assistance will conduct an investigation to determine whether foreign trade has contributed importantly to worker separations. This investigation may include collection of information from the company, customers of the company, and aggregate trade data as needed. Petitioners should still be as specific as possible about their reasons for believing layoffs are related to foreign trade. Any information provided in this section will help the Office of Trade Adjustment Assistance to conduct its investigation.

### *Section Four Help Tags*

Remove all reference to Public Agencies.

#### **Add New Firm/~~Public Agency~~**

Clicking this link will add a new firm/~~Public Agency~~ to your petition.

## IX. Error Messages

### Section Two Error Messages

Remove all reference to Public Agencies.

	Field Name	Length	Required	Edit/Validation	Comments	Error Message
(a)	Name of Firm/ <del>Public Agency</del>	100	Y			Please provide the name of the workers' firm <del>or public agency</del>
(b)	Street Address	50	Y			Please provide the street address of the workers' firm <del>or public agency</del>
(b)	City	50	Y			Please provide the city of the workers' firm <del>or public agency</del>
(b)	State	2	Y	2-letter abbreviation; DROP DOWN MENU	Disaggregate State and Zip [OMB form aggregates]	Please select the state of the workers' firm <del>or public agency</del>
(b)	Zip	9	Y	5 -digit required 4-digit optional	Disaggregate into 5+4; 4-digits are stored but not required [MIS currently stores 5]	Please provide a valid zip code for the workers' firm <del>or public agency</del>
(c)	Phone - Main	10	Y	10-digit format	Visual mask on display; International numbers tabled for future release	Please provide a valid telephone number for the workers' firm <del>or public agency</del>

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**▲ The following issues must be resolved before you can continue:**

- Name of Firm/Public Agency: Please provide the name of the workers' firm or public agency.
- Firm Street Address: Please provide the street address of the workers' firm or public agency.
- Firm City: Please provide the city of the workers' firm or public agency.
- Firm State: Please select the state of the workers' firm or public agency.
- Firm Zip: Please provide a valid zip code for the workers' firm or public agency.
- Firm Phone - Main: Please provide a valid telephone number for the workers' firm or public agency.
- Worker Location: Please state whether workers perform work at the location provided above?

## Section Three Error Messages

Remove all reference to Public Agencies.

	Field Name	Length	Required	Edit/Validation	Comments	Error Message
	First Name	30	Y		Text	Please enter the First Name of an official of the workers' firm <del>or public agency</del>
	Last Name	30	Y		Text	Please enter the Last Name of an official of the workers' firm <del>or public agency</del>
(b)	Title	50	Y			Please enter the Professional Title of an official of the workers' firm <del>or public agency</del>
(c)	Phone - Work	10	Y	10-digit format	Visual mask on display; International numbers tabled for future release	Please enter the telephone number of an official of the workers' firm <del>or public agency</del>

**▲ The following issues must be resolved before you can continue:**

- Separation Date: Please describe the reasons for your separation.
- First Name: Please enter the First Name of an official of the workers' firm or public agency.
- Last Name: Please enter the Last Name of an official of the workers' firm or public agency.
- Title: Please enter the Professional Title of an official of the workers' firm or public agency.
- Phone - Work: Please enter the telephone number of an official of the workers' firm or public agency.



## Petition for Trade Adjustment Assistance (TAA)

### 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
      - Office of Trade Adjustment Assistance
      - 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>

### 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 (Main Number), or by contacting their State Dislocated Worker Unit or Employment Security Agency through the telephone numbers or internet addresses provided above.

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

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



**Petition for Trade Adjustment Assistance (TAA)**

**Section 1. Petitioner Information**

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.

	<i><b>Petitioner 1</b></i>	<i><b>Petitioner 2</b></i>	<i><b>Petitioner 3</b></i>
a) Name	_____	_____	_____
b) Title	_____	_____	_____
c) Street Address	_____	_____	_____
City	_____	_____	_____
State, Zip	_____	_____	_____
d) Phone – Main	_____	_____	_____
e) Phone – Alternate	_____	_____	_____
f) E-mail	_____	_____	_____
g) Worker Separation Date	_____	_____	_____
h) Petitioner Type:	Three Workers <input type="checkbox"/> Company Official <input type="checkbox"/> Union Official <input type="checkbox"/> (Union Name _____ ) (please check one)    State Workforce Office <input type="checkbox"/> One-Stop Operator/Partner <input type="checkbox"/> Other Authorized Representative <input type="checkbox"/>		
i) Describe the worker group on whose behalf this petition is being filed:	_____		

**Section 2. Workers' Firm /Public Agency Information**

Provide information on the firm *or public agency* employing the worker group. Complete items (a) – (h) 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 (i) – (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 on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm *or public agency*)

a) Name of Firm <i>Public Agency</i>	_____
b) Street Address	_____
City	_____
State, Zip	_____
c) Phone	_____
d) Website (if known)	_____
e) Describe the article produced or service supplied by this firm <i>or public agency</i>	_____
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)? If yes, when?	_____

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm <i>Public Agency</i>	_____
i) Street Address	_____
City	_____
State, Zip	_____
j) Phone	_____
k) Describe the article produced or service supplied by this firm <i>or public agency</i>	_____
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)? If yes, when?	_____



**Petition for Trade Adjustment Assistance (TAA)**

**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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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	Official 2
a) Name		
a) Title	_____	_____
b) Title	_____	_____
c) Phone – Work	_____	_____
d) Phone – Alternate	_____	_____
e) Fax	_____	_____
f) E-mail	_____	_____

**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	_____	_____	_____
b) Name (Print)	_____	_____	_____
c) Date of Petition	_____		

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.