

Processing Instructions

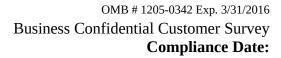
A petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) has been filed on behalf of a group of workers at [insert subject firm's name, city and state here]. As a customer of that firm, the U.S. Department of Labor needs your help in determining whether that firm has been hurt by foreign trade. Your assistance in expeditiously completing this form is necessary for the U.S. Department of Labor to determine whether these workers may be eligible for federal benefits. By law, this determination must be made within a certain time period following the filing date of the petition (19 U.S.C. 2273(a)). The Secretary of Labor is authorized to obtain this information through subpoena if you fail to comply with this request (19 U.S.C. 2272(e)(3)(B)). Accordingly, please complete and return this form no later than [Insert date here].

Background: The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms with a decline in sales or a decline in production of articles or supply of services affected by imports of articles or services from foreign countries or shifts in production or services to foreign countries, and to workers in public agencies that have shifted the provision of a service to a foreign country. After receiving a TAA 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 (d)(3)(C) the Trade Secrets Act, 18 USC 1905, the Freedom of Information Act, 5 U.S.C. 552 (b)(4), 29 CFR Parts 70 90, and Executive Order 12600, dated June 23, 1987 (352 FR 23781, June 25, 1987), Executive Order 13392, dated December 14, 2005 (70 FR 75373, December 19, 2005); Presidential Memorandum for the Heads of Executive Departments and Agencies Concerning the Freedom of Information Act (74 FR 4683, January 21, 2009); and Attorney General Holder's Memorandum for Heads of Executive Departments and Agencies Concerning the Freedom of Information Act (March 19, 2009), available at http://www.usdoj.gov/ag/foia-memo-march2009.pdf.

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 2272(d)(3) (B) and 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, Room N-5428, 200 Constitution Ave., N.W., Washington, DC 20210 (Paperwork Reduction Project 1205-0342).

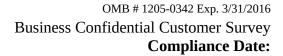




Reference Number: Subject Firm: Location:							- - -			
Contact at the U.S. Department of Labor:			E-Mail: @dol.gov							
	1		Phone: (202)	693- Fa	x: (202) 693-39			r (202) 693-3585		
Name of C	ustomer and	Location:								
				Part I						
outside of there is no	the United St	e or service your total parts for the periods ideal ralue, enter "zero" or "	entified in the tab							
			Purchases from the Subject Firm		Purchases from Other Firms Located in the U.S.			Imports into the U.S.		
	Period	Quantity*	Dollars	Quantity*	Dolla	rs	Quantity*	Dollars		
20	(Full Year	·)								
20	(Full Year	~)								
Jan thru	20									
Jan thru	20									
		re measured in (for exa I for under contract, va				•				
List count	ries where in	ports originated:								
manufactu	red or service	from Other Firms Loc e performed in a foreig percentage of domest	n country? Yes	□ No □	,	-	wholly or par	tially		
2007:	%	2008:%	Jan thru	2008:	%	Jan thru	2009:	%		
3. If your	company's p	urchases from the subj	ect firm have de	clined, please ex	plain why:					
		oduce articles directly i				ubject firm		Question 1) or		

IMPORTANT!

If you reported increasing imports of the article or service identified in Question 1 OR answered "No" to Question 4, proceed to Part III, complete "Affirmative Information" and return this form to the DOL.





5. Identify the article(s) into which your firm direction the subject firm or the article(s) produced using	tly incorporates				
6. List all U.S. facilities of your firm, which produ	ce articles incor	porating comp	oonents or services	s purchased from the	e subject firm:
7. Is your company switching from purchasing artioutside the U.S.? Yes No O	icles or services	from the subj	ect firm to purchas	sing articles or servi	ces from a supplier
8. For each article identified in Question 5, provide the applicable unit of measurement below each table.					
Article identified in Question 5:	20	20	Jan thru 20	Jan thru 20	
	Dollars				
Your Firm's Total Sales	Quantity*				
Your Firm's U.S. Imports which contain U.S.	Dollars				
manufactured [insert subject firm component part]	Quantity*				
Your Firm's U.S. Imports which contain non-	Dollars				
U.S. manufactured [insert subject firm component part]	Quantity*				
List countries where U.S. imports originated:					
customers that account for the majority of your sale in the table below. Reproduce and attach additional			uestion 5. Report	the firm's sales for Jan thru	Jan thru
				20	20
Company Name: Address:	Dollars				
Contact/Buyer: Phone: Fax: Email:	Quantity*				
Company Name: Address:	Dollars				
Contact/Buyer: Phone: Fax: Email:	Quantity*				
Company Name: Address:					
Contact/Buyer: Phone: Fax: Email:	Quantity*				
Quantities provided are measured in:			(For example:	units, kilograms, po	ounds, tons.)



OMB # 1205-0342 Exp. 3/31/2016 Business Confidential Customer Survey **Compliance Date:**

Part III

Affirmation of Information:

The information you provide on this form will be used for the purposes of determining worker group eligibility. Knowingly falsifying any information on this form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). By signing below, you agree to the following statement:

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

and complete."

NAME OF COMPANY OFFICIAL:

TITLE:

SIGNATURE:

BUSINESS ADDRESS:

E-MAIL ADDRESS:

TELEPHONE

FAX NUMBER:

NUMBER: