

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(d)(3)(B) and 2321). Accordingly, please complete and return this form no later than [Insert date here].

Background: The Trade Act of 1974 (19 U.S.C. § 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. After receiving a TAA and ATAA petition, the U.S. Department of Labor must investigate and analyze the facts to determine whether increased imports or shifts in production or services 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 the worker group is 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].

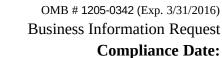
Confidentiality: All information submitted under this request will be used to determine whether the criteria for certification of the workers covered by a petition have been satisfied. The U.S. Department of Labor will protect the confidentiality of the information you provide to the full extent of the law, in accordance with the Trade Act, 19 USC 2272 (d)(3)(C), the Trade Secrets Act, 18 U.S.C. 1905, the Freedom of Information Act, 5 U.S.C. 552 (b)(4), 29 CFR Parts 70 and 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 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 U.S.C. 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).



	TA-W-		
Contact at the U.S. Department of Labor:	E-Mail: @dol.gov		
Ĩ	Phone: (202) 693- (202) 693-3585	Fax: (202) 693-3986 or (20	
Job Site Firm and Location:			
I. Are / were [employing firm] workers per period"- period of investigation]? Ye	rforming work under co es 🛛 No 🗖	ntract for [job site firm] during	["relevant time
1) If "No", proceed to and complete the	e Affirmation of Inform	ation section.	
2) If "Yes", is / was work done by the	workers performed on-s	ite at [job site firm]? Yes 🗖	No 🗖
3) Please describe the job functions that	t [employing firm] wor	kers perform for [job site firm]:	
II. To determine whether workers are under explain your answers in the space prove	ided or on a separate she	eet.	
 Do the contract workers perform or opposed to performing tasks that are particular to performing tasks that are particular to perform the performance of the performance of	5 I	1 5 5	site firm] (as
			Yes No
2) (a) Does [job site firm] have the di	scretion to hire, fire, an	-	
			Yes No
(b) Does [job site firm] have the a through [employing firm]? No	bility to terminate the c	ontract workers' employment w	rith [job site firm] Yes
 Does [job site firm] exercise the au assigning and managing work, and place? (Factors such as the hours or performed by each individual are re 	determining how, wher f work, the selection of	e, and when the work of individ work, and the manner in which	lual workers takes





4) Are the services of the contract workers offered on the open market?	Yes 🗖	No 🗖		
5) Do the contract workers work exclusively for [job site firm]?	Yes 🗖	No 🗖		
6) Is [job site firm] responsible for establishing wage rates and the payment of salaries to workers?	individual co Yes □	ontract No 🗖		
7) Does [job site firm] provide skills training to the contract workers?	Yes 🗖	No 🗖		
8) Are there other facts indicating that [job site firm] exercises control over the contract workers? Please explain:				

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 in this form is true, correct, and complete."

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TELEPHONE NUMBER:	FAX NUMBER:	
E-MAIL ADDRESS:		
BUSINESS ADDRESS:		
SIGNATURE:	DATE:	
TITLE:		
NAME OF COMPANY OFFICIAL:		

http://www.doleta.gov/tradeact

