



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 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. [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).



TA-W - : _____
Subject Firm: _____
Location: _____

Contact at the U.S. Department of Labor: _____ E-Mail: _____@dol.gov
Phone: (202) 693-_____ Fax: (202) 693-3986; (202) 693-3585; (202) 693-3584

Part I

A. Subject Firm Information

- (1) Official Subject Firm Name _____ Division (if any) _____
Address _____
Website _____
- (2) Federal Employer Identification No. (FEIN): _____
(a) In the past one year, have the workers' wages been reported under another FEIN? Yes _____ No _____
(b) If yes, explain why and list the other FEIN and the corporate name for the other FEIN:

- (3) Parent company of Subject Firm (if applicable)
Address _____
- (4) Provide the names and addresses of all companies supplying leased or temporary workers to the subject firm to supplement the firm's workforce in the past year and describe their functions.

B. Organizational Structure

Describe the organizational structure of the subject firm, including, but not limited to, the parent company, affiliates and subsidiaries. Are there any other subdivisions supplying services that are like or directly competitive with the services supplied by the subject firm? (Please attach any existing diagrams of organizational structure.)

C. Services Supplied

- (1) Describe the services supplied by the subject firm. If the firm does not supply a service, stop here and contact the Department of Labor investigator assigned to your case.

- (2) Identify the North American Industry Classification System (NAICS) code(s) for the subject firm.

- (3) If more than one service is provided at the subject firm, are workers (including leased workers) separately identifiable by service?
Yes No



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 workers) Yes No
- (a) How many workers were separated at the subject firm since *(insert beginning impact date)*? _____
- (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
- (2) Explain the reasons for these separations and the reduction in wages and hours. If you believe the separations are/were in any way caused by the effects of foreign trade, please describe.

- ~~(3) Do the workers in the workers' firm possess skills that are not easily transferable? Yes No~~
- (34) Has the subject firm ceased operating or is a shutdown scheduled? Yes No
- (a) If yes, date of shutdown: _____ (b) Is the shutdown permanent? Yes No
- (45) Has the subject firm or parent company, affiliates, branches, or subdivisions imported or acquired from a foreign country services like or directly competitive with the services supplied by the subject firm? Yes No
- (56) Has the subject firm or parent company, affiliates, branches, or subdivisions supplying like or directly competitive services shifted that work to another country or countries, or is a shift of services to another country scheduled? Yes No
- a) If yes, date of the beginning of the shift: _____ b) Date the shift completed: _____
- (67) Has the subject firm contracted to have this service supplied outside the United States? Yes No
- (a) If yes, explain the arrangement and describe the services that will be provided:

- (78) Are the services supplied by the subject firm supplied to another division or a parent company or affiliate that is producing an article? (For example, the workers at the subject firm perform accounting services for a location that manufactures engines) Yes No
- (a) If yes, include the division, parent company, or affiliate in the customer list requested in section **DE**.
- (89) Are the worker separations caused in any part by the subject firm, parent company, or affiliates importing any articles like or directly competitive with articles produced using the services supplied by the workers at the subject firm? Yes No
- (a) If yes, please explain:



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

Report the firm's data for the service identified for the last two full years, the most recent year-to-date period, and the comparable period in the previous year. Please provide the applicable unit of measurement below each table. **If more than one service is provided at this location, reproduce and complete a form for each service.**

Identify Service: _____

| | | 20 | 20 | Jan thru 20 | Jan thru 20 |
|---|-----------|----|----|-------------|-------------|
| Employment (including leased or temporary workers) associated with this service | | | | | |
| Number of workers reported above age 50 or over (including leased or temporary workers) associated with this service | | | | | |
| Total Sales (This location only) | Dollars | | | | |
| | Quantity* | | | | |
| Exports (Services supplied to foreign countries from this location only)** | Dollars | | | | |
| | Quantity* | | | | |
| U.S. Imports Firm-wide (Including Like or Directly Competitive Services) | Dollars | | | | |
| | Quantity* | | | | |
| U.S. Imports Firm-wide of Articles Produced Using Services Like or Directly Competitive with the Services Identified Above | Dollars | | | | |
| | Quantity* | | | | |

List countries where imports originated: _____

| | | | | | |
|--|-----------|--|--|--|--|
| Services Shifted by the Subject Firm or Parent Company From this Location to Foreign Countries: | Dollars | | | | |
| | Quantity* | | | | |

List countries involved in the shifts in services: _____

* Quantities provided are measured in: _____ (For example: labor hours, value of contract)

** Export data is required for the Department's analysis in its investigation.

Are numbers shown actual or estimates? _____

IMPORTANT!

If your company increased imports of services or shifted the supply of services identified above in part I.C.1 to a foreign country, stop here and contact the Department of Labor investigator assigned to your case for further instructions.



C. Secondary Impact

(1) Does the subject supply services to a firm whose workers have been certified under the TAA program? Yes No

(a) If yes, please describe the business relationship with the TAA-certified firm and include the TAA certified firm in the list of customers provided in section D.



D. Sales to Customers

For each service supplied by the subject firm, provide a list of the subject firm's customers that account for the majority of the decline in sales of the service 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. Also identify any articles produced using the service identified (for example, HR services supplied to a customer that manufactures engines). Reproduce and attach additional sheet(s) as necessary.

Identify service: _____

| | | 20 | 20 | Jan thru 20 | Jan thru 20 |
|---------------------------|---------------|------------------|----|-------------|-------------|
| Company Name _____ | Address _____ | <i>Dollars</i> | | | |
| | | | | | |
| Contact/Buyer _____ | Phone _____ | <i>Quantity*</i> | | | |
| | Fax _____ | | | | |
| | Email _____ | | | | |
| | | | | | |

| | | | | | |
|---------------------------|---------------|------------------|--|--|--|
| Company Name _____ | Address _____ | <i>Dollars</i> | | | |
| | | | | | |
| Contact/Buyer _____ | Phone _____ | <i>Quantity*</i> | | | |
| | Fax _____ | | | | |
| | Email _____ | | | | |
| | | | | | |

| | | | | | |
|---------------------------|---------------|------------------|--|--|--|
| Company Name _____ | Address _____ | <i>Dollars</i> | | | |
| | | | | | |
| Contact/Buyer _____ | Phone _____ | <i>Quantity*</i> | | | |
| | Fax _____ | | | | |
| | Email _____ | | | | |
| | | | | | |

| | | | | | |
|---------------------------|---------------|------------------|--|--|--|
| Company Name _____ | Address _____ | <i>Dollars</i> | | | |
| | | | | | |
| Contact/Buyer _____ | Phone _____ | <i>Quantity*</i> | | | |
| | Fax _____ | | | | |
| | Email _____ | | | | |
| | | | | | |

* Quantities provided are measured in: _____ (For example: labor hours, value of contract)

Are numbers shown actual or estimates? _____

E. LOST BIDS / CONTRACTS FOR SERVICES



Has your firm lost bids for contracts to supply the services by the subject firm in the past 2 years? Yes No

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: _____ Address: _____ Contracting Agent: _____ Phone/Fax: _____ | Service: _____ _____ Quantity: _____ _____ Period Of Performance: _____ | ID#: _____ Amount of Bid: _____ Date of Award: _____ Awardee (If Known): _____ _____ _____ |

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

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

Part III

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 U.S.C. § 1001) and a violation of the Trade Act (19 U.S.C. § 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:** _____

Provide contact information for individuals who may be contacted with follow-up questions relating to questions in Part I and Part II of this form, if different from the company official signing the affirmation.

Part I

Part II

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