



Processing Instructions

A petition for Trade Adjustment Assistance (TAA) has been filed on behalf of a group of workers at [insert subject firm's name, city and state here]. 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 USC 2273(a)). The Secretary of Labor is authorized to obtain this information through subpoena if you fail to comply with this request (19 USC 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 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. After receiving a TAA 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), Trade Secrets Act, 18 USC 1905 and the Freedom of Information Act, 5 USC 552(b)(4), 29 CFR Parts 70 and 90, 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 2.5 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: TA-W- _____
Subject Firm: _____
Location: _____

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

Name of Customer and Location: _____

Project I.D. Number: _____
Date of award: _____
Description of project: _____

Please answer the questions below regarding this bid project:

1. Who was / were the successful awardee(s)? (List name(s) and address(es))

2. At what U.S. dollar value was the contract awarded to the successful awardee?

3. On what date was the project awarded to the firm?

4. On what date was the contract to begin?

5. On what date was the contract to expire?

6. If other than in the U.S., indicate where the product was produced.

7. If other than the awardee, who was the lowest domestic bidder? At what U.S. dollar value was the bid entered? (List value, name of firm, and address)

Name	Location	Value

8. List the ranking of the five lowest bidders.



- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

9. Was the bidding competition designed so that the lowest bidder received the award? Yes No
(Explain other qualifying criteria if any).

10. Would it have been possible for more than one firm to participate in the award? Yes No

11. Were any major portions of the successful award subcontracted out? Yes No
If yes, who was (were) the subcontractor(s)? (List name and location)

Name	Location
_____	_____
_____	_____
_____	_____

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.”

NAME OF COMPANY OFFICIAL: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____