



BUSINESS CUSTOMER SURVEY - FOREIGN

PETITION NUMBER: TA-W-[NUMBER]
WORKERS' FIRM NAME: [NAME OF WORKER GROUP]
WORKERS' FIRM LOCATION: [FULL ADDRESS]

CUSTOMER NAME AND ADDRESS: [CUSTOMER NAME], [ADDRESS]

Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov
Phone: 202-693-[XXXX] – Fax: 202-693-3986/3585/3585

Processing Instructions

A petition for Trade Adjustment Assistance (TAA) for Workers has been filed on behalf of a group of workers at [FIRM NAME], [CITY], [STATE]. By law (19 U.S.C. 2273(a)), this determination must be made within a 40 calendar days following the filing date of the petition. The Secretary of Labor is authorized to obtain this information through subpoena if the firm fails to comply with this request (19 U.S.C. 2272(d)(3)(B) and 2321). Your assistance in expeditiously completing this form is necessary for the U.S. Department of Labor (the Department) to determine whether these workers may be eligible to apply for federal benefits. Complete and return this form no later than [COMPLIANCE DATE].

Background. The TAA for Workers program (TAA Program) is authorized under Title II of the Trade Act of 1974, as amended (19 U.S.C. § 2271 et seq.) (“the Act”). The TAA Program provides workers who have been adversely affected by foreign trade with opportunities to obtain skills, credentials, resources, and support necessary to become reemployed. The TAA Program offers the following services to eligible workers: employment and case management services, training, out of area job search and relocation allowances, income support through Trade Readjustment Allowances (TRA), and the Reemployment Trade Adjustment Assistance (RTAA) benefit for workers age 50 or older who find qualifying reemployment. Filing a petition is the first step in qualifying for TAA Program benefits and services. In response to a filing, the Department conducts an investigation to determine whether foreign trade was an important cause of the workers’ job loss or threat of job separation. After the investigation, the Department issues a determination regarding the worker group’s eligibility to apply for TAA Program benefits and services. A state workforce representative will notify workers in a certified worker group of the determination at which time the individual worker may apply for eligibility of benefits and services at a local American Job Center. Additional information is available on our website at: www.dol.gov/agencies/eta/tradeact/.

Completing Form. Individuals are only required to respond to this information request if the form displays a valid Office of Management and Budget (OMB) control number. Type or print legibly, and complete all sections. If there is no quantity or value for a field in a section on this form, enter “zero,” “0,” or “None.” Include any relevant information not covered in this form on a separate sheet of paper and/or attach other supporting documents when submitting this form to the Department. If you have any difficulty completing this form, or have questions, contact [INVESTIGATOR NAME].

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 Department will protect the confidentiality of the information you provide to the full extent of the law, in accordance with the Act, 19 U.S.C. 2272 (d)(3)(C), Trade Secrets Act, 18 U.S.C. 1905 and the Freedom of Information Act, 5 U.S.C. 552(b)(4), Executive Order 12600, dated June 23, 1987 (352 F.R. 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 <https://www.usdoj.gov/ag/foia-memo-march2009.pdf>. Information (on the form and attachments) which your firm would like to be considered as confidential must be placed in brackets and accompanied with a justification for such designation.

Public Burden Statement. This collection of information is mandatory (19 U.S.C. 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).

Report the number of hours and costs to your firm for completing this form.

Hours: _____ Cost in Dollar: _____



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Affirmation of Information

The information you provide on this form is used by the Department to determine worker group eligibility and to estimate the total number of workers covered by the petition. By signing below, you agree to the following statement:

“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 CUSTOMER OFFICIAL: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE NUMBER: _____



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Part I

1. Report your total purchases of [ARTICLE] from the workers' firm for the periods identified in the table below. **Include like or directly competitive articles.** If there are no purchases during the time periods in question enter "zero," "0," or "None." If more than one article or service is purchased from the workers' firm, please provide additional sheets as needed. Estimates are acceptable.

[ARTICLE]

	Purchases from the Workers' Firm	
	Quantity	U.S. Dollars
[DATE] to [DATE]		
[DATE] to [DATE]		

Measurement in which quantities are provided: _____
 (Example: units, kilograms, pounds, tons, hours of work, value of contract, number of phone calls, etc.)

2. If your firm's purchases from the workers' firm have declined from [DATE] to [DATE] to [DATE] to [DATE], please explain why:

3. During the periods of [DATE] to [DATE] or [DATE] to [DATE], did your firm produce articles directly incorporating [ARTICLE] (identified in Question 1)? **Yes** **No**

Part II

1. Identify the article(s) into which your firm directly incorporates the [ARTICLE] purchased from the workers' firm.

2. Report your purchases of article(s) identified within Part II 1 which were exported into the United States during [DATE] to [DATE] and [DATE] to [DATE]. If exports into the United States did not occur, enter "zero," "0," or "None." Estimates are acceptable.

	Exports into the U.S. incorporating U.S. Manufactured [ARTICLE]		Exports into the U.S. incorporating Non-U.S. Manufactured [ARTICLE]	
	Quantity*	Dollars	Quantity*	Dollars
[DATE] to [DATE]				
[DATE] to [DATE]				

Measurement in which quantities are provided: _____
 (Example: units, kilograms, pounds, tons, hours of work, value of contract, number of phone calls, etc.)



EMPLOYMENT AND TRAINING ADMINISTRATION
UNITED STATES DEPARTMENT OF LABOR

OMB Control Number: 1205-0342
Expiration Date: XX/XX/XXXX
Compliance Date: [DATE]

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