Employment and Training Administration

ETA Home > Trade Act Programs > Download a Petition - Trade Adjustment Assistance Application Process

TAA Petition

You are in the DEV environment.

Any petition submitted within the DEV environment will not be processed.

OMB Control Number: 1205-0342

Expires: 9/30/2022

Petition for Trade Adjustment Assistance (TAA) for Workers

NOTE: The "back" button does not work in this application. If you wish to modify information that you have provided on previous screens, you will be given the opportunity to review and edit all of the information you have entered through a special edit screen which will appear at the end of this application.

Warning

This is a U.S. Government computer system, which may only be accessed and used by authorized personnel for official government business. Individuals using this computer system with or without authorization are subject and consent to having their activities monitored and recorded by authorized system personnel. All data contained on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed in any manner by authorized personnel. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials, and could result in punishment by fine, imprisonment, or both (18 U.S. Code 1030). Unauthorized access or use of this computer system by any person whether authorized or unauthorized, constitutes consent to these terms and may subject violators to criminal, civil, and/or administrative action.

Cancel Continue

- * = required fields
- ** = May be required for some petitioners

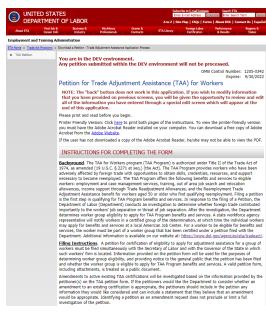
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ETA-9042A-1

Created: February 02, 2006 Updated: December 30, 2010

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Employment and Training Administration
U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.doleta.gov | Telephone: 1-877-US-23085 | TTY: 1-877-889-5627 | Fax: 1-202-693-2726 | Contact Us



Who May File a Petition?

A group of two or more workers from the same firm; a union or other duly authorized representative of such workers, the firm(s) of such workers, American Job Center operators or partners, including State workforce officials, employment security agencies, or dislocated worker unit and rapid response team

How to File a Valid Petition

How to file a valid Petition:

- The following distribution with the completed for a petition to be considered valid; (1) the name and contact information for sach petitioner; (2) the name of the firm employing the group of vorders (2) the address of the location(s) where they good protective who have been totally or partially separated or threatment with separation report to vork (for a remote vorder; the address of the location to which they report); (4) the mane and contact information of an official width the employer firm or an individual separations are man and contact information of an official void in the employer firm or an individual separations are interestented to core of ode cour; (7) the actual or approximate date on which total or partial separations are interestented to core of ode cour; (7) the actual or estimated to other unbed or workers who have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be separated; and (9) every petition shall be signed and dated by at least two have been or may be s

- The most effective way to file a Petition is to complete the Petition form online at
- https://www.etareports.doleta.gov/petition.
 FILING ONLINE IS STRONGLY ENCOURAGED; OR
- Fax the completed Petition form to (202) 693-3584, (202) 693-3585, (202) 693-3986; OR
- Mail the completed Petition form to:

**Rel to Complexed reduction norm to: 10.5. Department of Labor 20. Constitution Ave N.W., Room N-5428 Washington, C.D., 20210 To File with the State TAA Coordinator or the State Dislocated Worker Unit or State Workforn Agency (SWA):

For Filing Assistance:

var mung Associance.

A worder may contact their local American Job Center or their State Dislocated Worker Unit or State Worldforce Agency for assistance in preparing a Petition or to request submission of a petition on the worker's behalf. The contact information can be obtained using the telephone numbers or internet addresses provided above. For any questions about filing a Petition, a petitioner may also contact the Office of Trade Adjustment Assistance boiling number and (888) 355-6822.

To Check on Filing Status:

To check the status of your petition, please visit: https://www.dol.gov/agencies/eta/tradeact/

Public Burden Statement

Pennas 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 required to obtain
or maintain benefits (19 USC 2323 and 2273). Public reporting burden for this collection is
estimated to average 0.33 hours per response, including the time for reviewing instructions,
searching existing data sources, gathering and maintaining the data needed, completing and
reviewing the collection of information, and a state review. 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 at the address provided above (Papervork.
Reduction Project 1205-0342).

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* = required fields ** = May be required for some petitioners

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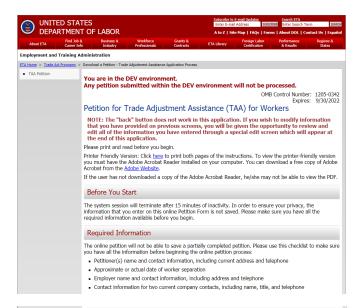
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Helpful Tips for Online Filing

The online petition is an electronically submitted form that is identical to the Petition Forms available here for download. This electronic form does not replace the paper petition; rather, it provides an alternate, paperless option for the convenience of those who prefer it. Filing electronically will not impact the investigative process or final determination on petition.

or rinal determination on petition.

Once you begin the online filling process, several screens will appear one in sequence to guide you through the petition. Note that the "back" button has been disabled and you will not be able to return to previous screens until the entire petition is completed. At the completion of the petition, a final edit screen will appear that will ablow you to elian system(s) of the petition has you thave completed. Once you have rereleved and ablow you to estimate the petition to OTAA and the relevant State agency.

Throughout the online petition, there will be **@** next to each section. Clicking or hovering on these tags will open windows that provide additional description of the information that is required.

If you are providing supporting information, the online petition will allow you to attach up to 3 documents. These documents must be in MS Word, MS Excel, or ,pdf format and less than 2 MB each in size. For additional attachments, please print and submit the completed petition together with relevant attachments by fax to (202) 693-3585.

If you have any questions, please contact the U.S. Department of Labor in Washington D.C. at 202-693-3560 or 1-888-365-6822.

Cancel Continue

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Employment and Training Administration

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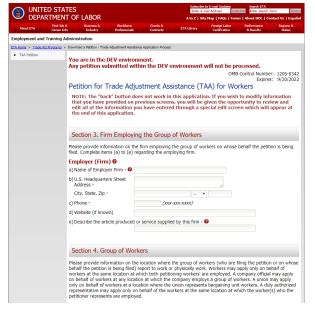
Page 4 with one Petitioner Selected

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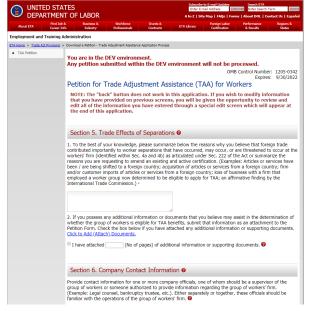
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	If you choose to file on behalf of a group of workers at more than one location, please attach additional sheets as necessary. a) Name of Firm • •				
	b) Street Address *				
	City, State, Zip v				
	c) Phone • (xxx-xxxx)				
	d) How many workers have been or may be separated? •				
	e) When did worker separations occur or when are separations threatened to occur? (Estimated date may be listed if exact date is not known.) * (mm/dd/yyyy)				
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	NOTE: The "back" button does not work in this application. If you wish to modify information that you have provided on previous screens, you will be given the opportunity to review and edit all of the information you have entered through a special edit screen which will appear at the end of this application.				
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Employment and Training Administration U.S. Department of Labor Franças Parkins Building, 200 Constitution Area, NW, Washington, DC 20210					



Official 1
a) Name of Official 1 (First, Last) = b) Title of Official 1:
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e) Fax
h) E-mail

Official 2
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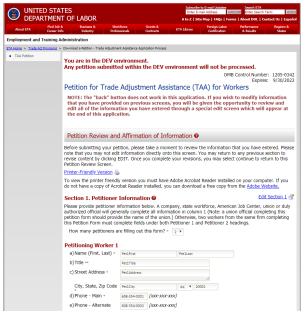
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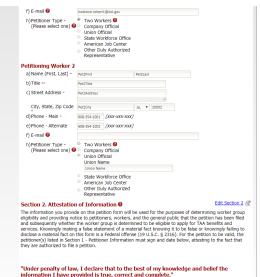
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Confirmation Screen:





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The files you have uploaded are listed below:
To delete a file, click the "X" next to the file name.

organizational_chart.pdf

Section 6. Company Contact Information
Provide contact information for one or more company officials, one of whom should be a supervisor of the group of workers or somenee authorized to provide information regarding the group of workers firm. (Example: Legal counsel, bankruptcy trustee, etc.). Either separately or together, these officials should be familiar with the operations of the group of workers firm.
Official 1

a) Name of Official 1 (First, Last) *	off1First	off1Last			
b) Title of Official 1 •	off1Title				
c) Official's Firm Name 1	off1FirmName				
d) Street Address *	off1Address				
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e) Phone - Main *	608-354-5001				
f) Phone - Alternate	608-354-5002				
g)Fax	608-354-5003				
h)E-mail	hoekstra.robert3@dol.gov				
Official 2					
 a) Name of Official 2 (First, Last) 	off2First	off2Last			
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f) Phone - Alternate	608-354-6002				
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h) E-mail	hoekstra.robert4@dol.gov				
Cancel Continue					

NOTE: The "back" button does not work in this application. If you wish to modify information that you have provided on previous screens, you will be given the opportunity to review and edit all of the information you have entered through a special edit recen which will appear at the end of this application.

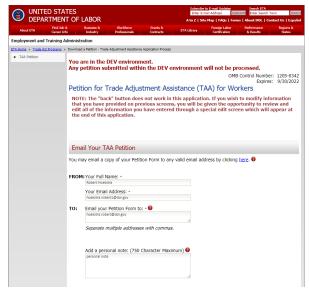
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• = required fields •• = May be required for some petitioners

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