



Employment and Training Administration

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TAA Petition

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OMB Control Number: 1205-0342 Expires: 9/30/2022

Petition for Trade Adjustment Assistance (TAA) for Workers

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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



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- TAA Petition

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### Petition for Trade Adjustment Assistance (TAA) for Workers

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Please print and read before you begin.

Printer Friendly Version: Click [here](#) to print both pages of the instructions. To view the printer-friendly version you must have the Adobe Acrobat Reader installed on your computer. You can download a free copy of Adobe Acrobat from the [Adobe Website](#).

If the user has not downloaded a copy of the Adobe Acrobat Reader, he/she may not be able to view the PDF.

**Before You Start**

The system session will terminate after 15 minutes of inactivity. In order to ensure your privacy, the information that you enter on this online Petition Form is not saved. Please make sure you have all the required information available before you begin.

**Required Information**


The online petition will not be able to save a partially completed petition. Please use this checklist to make sure you have all the information before beginning the online petition process:

- Petitioner(s) name and contact information, including current address and telephone
- Approximate or actual date of worker separation
- Employer name and contact information, including address and telephone
- Contact information for two current company contacts, including name, title, and telephone

**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.

Once you begin the online filing 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 allow you to edit any section(s) of the petition that you have completed. Once you have reviewed and corrected all sections of the petition, you will have the option to transmit 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.

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 \*\* = May be required for some petitioners

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

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**Section 1. Petitioner Information**

Please provide petitioner information below. A company, state workforce, American Job Center, union or duly authorized official will generally complete all information in column 1 (Note: a union official completing this petition form should provide the name of the union.) Otherwise, two workers from the same firm completing this Petition Form must complete fields under both Petitioner 1 and Petitioner 2 headings.

How many petitioners are filling out this form? \*

**Authorized Petitioner**

a) Name (First, Last) \*

b) Title \*\*

c) Street Address \*

City, State, Zip Code

d) Phone - Main \*  (xxx-xxx-xxxx)

e) Phone - Alternate  (xxx-xxx-xxxx)

f) E-mail \*

h) Petitioner Type -  Two Workers  Company Official  Union Official  State Workforce Office  American Job Center  Other Duly Authorized Representative

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

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#### Section 1. Petitioner Information

Please provide petitioner information below. A company, state workforce, American Job Center, union or duly authorized official will generally complete all information in column 1 (Note: a union official completing this petition form should provide the name of the union.) Otherwise, two workers from the same firm completing this Petition Form must complete fields under both Petitioner 1 and Petitioner 2 headings.

How many petitioners are filling out this form? - 2

##### Petitioning Worker 1

a) Name (First, Last) -

b) Title --

c) Street Address -

City, State, Zip Code  --

d) Phone - Main -  (xxx-xxx-xxxx)

e) Phone - Alternate  (xxx-xxx-xxxx)

f) E-mail

##### Petitioner Type

h) Petitioner Type - (Please select one)  Two Workers  Company Official  Union Official  State Workforce Office  American Job Center  Other Duly Authorized Representative

##### Petitioning Worker 2

a) Name (First, Last) -

b) Title --

c) Street Address -

City, State, Zip Code  --

d) Phone - Main -  (xxx-xxx-xxxx)

e) Phone - Alternate  (xxx-xxx-xxxx)

f) E-mail

##### Petitioner Type

h) Petitioner Type - (Please select one)  Two Workers  Company Official  Union Official  State Workforce Office  American Job Center  Other Duly Authorized Representative

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

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**Section 3. Firm Employing the Group of Workers**

Please provide information on the firm employing the group of workers on whose behalf the petition is being filed. Complete items (a) to (e) regarding the employing firm.

**Employer (Firm) \***

a) Name of Employer Firm -

b) U.S. Headquarters Street Address -

City, State, Zip -  --

c) Phone -  (xxx-xxx-xxxx)

d) Website (if known)

e) Describe the article produced or service supplied by this firm -

**Section 4. Group of Workers**

Please provide information on the location where the group of workers (who are filing the petition or on whose behalf the petition is being filed) report to work or physically work. Workers may apply only on behalf of workers at the same location at which both petitioning workers are employed. A company official may apply on behalf of workers at any location at which the company employs a group of workers. A union may apply only on behalf of workers at a location where the union represents bargaining unit workers. A duly authorized representative may apply only on behalf of the workers at the same location at which the worker(s) who the petitioner represents are employed.

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 -  --

c) Phone -  (xxx-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)

f) Work activities of the group of workers on whose behalf the petition is filed. -

g) Is the firm or any part of the firm closing (if known)? -

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

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**Section 5. Trade Effects of Separations**

1. To the best of your knowledge, please summarize below the reasons why you believe that foreign trade contributed importantly to worker separations that have occurred, may occur, or are threatened to occur at the workers' firm (identified within Sec. 4a and 4b) as articulated under Sec. 222 of the Act or summarize the reasons you are requesting to amend an existing and active certification. (Examples: Articles or services have been / are being shifted to a foreign country; acquisition of articles or services from a foreign country; firm and/or customer imports of articles or services from a foreign country; loss of business with a firm that employed a worker group now determined to be eligible to apply for TAA; an affirmative finding by the International Trade Commission.) \*

2. If you possess any additional information or documents that you believe may assist in the determination of whether the group of workers is eligible for TAA benefits, submit that information as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents. [Click to Add \(Attach\) Documents.](#)

I have attached  (No. of pages) of additional information or supporting documents.

**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 someone 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) \*    
 b) Title of Official 1 \*   
 c) Official's Firm Name 1   
 d) Street Address \*   
 City, State, Zip \*  --   
 e) Phone - Main \*   
 f) Phone - Alternate   
 g) Fax   
 h) E-mail

**Official 2**

a) Name of Official 2 (First, Last) \*    
 b) Title of Official 2 \*   
 c) Official's Firm Name 2   
 d) Street Address \*   
 City, State, Zip \*  --   
 e) Phone - Main \*   
 f) Phone - Alternate   
 g) Fax   
 h) E-mail

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

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#### Petition Review and Affirmation of Information

Before submitting your petition, please take a moment to review the information that you have entered. Please note that you may not edit information directly onto this screen. You may return to any previous section to revise content by clicking EDIT. Once you complete your revisions, you may select continue to return to this Petition Review Screen.

[Printer-Friendly Version](#)

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#### Section 1. Petitioner Information

Please provide petitioner information below. A company, state workforce, American Job Center, union or duly authorized official will generally complete all information in column 1 (Note: a union official completing this petition form should provide the name of the union.) Otherwise, two workers from the same firm completing this Petition Form must complete fields under both Petitioner 1 and Petitioner 2 headings.

How many petitioners are filling out this form?

##### Petitioning Worker 1

a) Name (First, Last) -

b) Title --

c) Street Address -

City, State, Zip Code

d) Phone - Main -

e) Phone - Alternate

f) E-mail

h) Petitioner Type - (Please select one)  Two Workers  Company Official  Union Official  State Workforce Office  American Job Center  Other Duly Authorized Representative

##### Petitioning Worker 2

a) Name (First, Last) -

b) Title --

c) Street Address -

City, State, Zip Code

d) Phone - Main -

e) Phone - Alternate

f) E-mail

h) Petitioner Type - (Please select one)  Two Workers  Company Official  Union Official   State Workforce Office  American Job Center  Other Duly Authorized Representative

#### Section 2. Attestation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and subsequently whether the worker group is determined to be eligible to apply for TAA benefits and services. Knowingly making a false statement of a material fact knowing it to be false or knowingly failing to disclose a material fact on this form is a Federal offense (19 U.S.C. § 2316). For the petition to be valid, the petitioner(s) listed in Section 1 - Petitioner Information must sign and date below, attesting to the fact that they are authorized to file a petition.

**"Under penalty of law, I declare that to the best of my knowledge and belief the information I have provided is true, correct and complete."**

**I Agree**

- a) Signature [ /s/ Pet1First Pet1Last ] [ /s/ Pet2First Pet2Last ]
- b) Name (Print) Pet1First Pet1Last
- c) Date of Petition [The petition date will be recorded as the date that the petition is transmitted electronically via website to OTAA.]

**Section 3. Firm Employing the Group of Workers** [Edit Section 3 and Section 4](#)

Please provide information on the firm employing the group of workers on whose behalf the petition is being filed. Complete items (a) to (e) regarding the employing firm.

**Employer (Firm)**

- a) Name of Employer Firm -
- b) U.S. Headquarters Street Address -   
City, State, Zip -  AR
- c) Phone -  ()
- d) Website (if known)
- e) Describe the article produced or service supplied by this firm -

**Section 4. Group of Workers**

Please provide information on the location where the group of workers (who are filing the petition or on whose behalf the petition is being filed) report to work or physically work. Workers may apply only on behalf of workers at the same location at which both petitioning workers are employed. A company official may apply on behalf of workers at any location at which the company employs a group of workers. A union may apply only on behalf of workers at a location where the union represents bargaining unit workers. A duly authorized representative may apply only on behalf of the workers at the same location at which the worker(s) who the petitioner represents are employed.

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 -  CA
- c) Phone -  ()
- 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)
- f) Work activities of the group of workers on whose behalf the petition is filed. -
- g) Is the firm or any part of the firm closing (if known)? -    
If yes, when?   (mm/dd/yyyy)

**Section 5. Trade Effects of Separations** [Edit Section 5 and Section 6](#)

1. To the best of your knowledge, please summarize below the reasons why you believe that foreign trade contributed importantly to worker separations that have occurred, may occur, or are threatened to occur at the workers' firm (identified within Sec. 4a and 4b) as articulated under Sec. 222 of the Act or summarize the reasons you are requesting to amend an existing and active certification. (Examples: Articles or services have been / are being shifted to a foreign country; acquisition of articles or services from a foreign country; firm and/or customer imports of articles or services from a foreign country; loss of business with a firm that employed a worker group now determined to be eligible to apply for TAA; an affirmative finding by the International Trade Commission.)

trade effects

2. If you possess any additional information or documents that you believe may assist in the determination of whether the group of workers is eligible for TAA benefits, submit that information as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents. [Click to Add \(Attach\) Documents.](#)

I have attached  (No of pages) of additional information or supporting documents.

Upload file types: MS Office Word Document (.doc or .docx), MS Office Excel Document (.xls or .xlsx), Adobe (.pdf), Graphic files from scanner (.jpeg .jpg .gif)

- Click the button labeled "Browse"; a "Choose File" dialog box will pop up.
- Within the Choose File dialog box double click the document that you want to upload.
- The file name can be changed before upload.
- Click the "Upload" button to start the upload process.

Choose File No file chosen  
Choose File No file chosen

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 someone 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) \*

b) Title of Official 1 \*

c) Official's Firm Name 1

d) Street Address -

City, State, Zip \*

e) Phone - Main \*

f) Phone - Alternate

g) Fax

h) E-mail

**Official 2**

a) Name of Official 2 (First, Last) \*

b) Title of Official 2

c) Official's Firm Name 2

d) Street Address

City, State, Zip

e) Phone - Main

f) Phone - Alternate

g) Fax

h) E-mail

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**Email Your TAA Petition**

You may email a copy of your Petition Form to any valid email address by clicking [here](#).

The petition will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the Department of Labor.

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**Email Your TAA Petition**

You may email a copy of your Petition Form to any valid email address by clicking [here](#).

**FROM:** Your Full Name: \*  
Robert Hoekstra

**Your Email Address:** \*  
hoekstra.robert@dol.gov

**TO:** Email your Petition Form to: \*  
hoekstra.robert@dol.gov

*Separate multiple addresses with commas.*

**Add a personal note: (750 Character Maximum)**  
personal note

The petition will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the Department of Labor.

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**Thank You**

The petition has been sent simultaneously to both OTAA in Washington D.C. and to the relevant office in the state where the workers are employed. After receiving the TAA petition, OTAA will begin an investigation to determine whether group eligibility requirements have been met.

All petitions that are under investigation can be found at <http://www.dol.gov/agencies/eta/tradeact/determinations.dtm>. If, after 5 business days, you do not see your petition on this website, please contact OTAA at 202-692-3550 or 1-888-365-6822.

OTAA will notify petitioners and officials of a worker's firm of the final determination. In order to receive benefits, workers must meet separate individual eligibility criteria. When workers are certified eligible to apply for TAA, the State will contact them to provide information on how to apply for individual benefits and training through local One-Stop Career Centers.

**Download and Save Your TAA Petition**

You may download a printer friendly version of the petition you have just filed for your records. In order to ensure privacy, you will have two (2) minutes to begin the download. After two (2) minutes, you will automatically be redirected to the OTAA home page.

[Download Petition](#)

\* = required field  
\*\* = May be required for some petitioners

**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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