



## SECTION 224 DOMESTIC INDUSTRY STUDY: [INDUSTRY NAME]

Contact the U.S. Department of Labor: [CONTACT NAME] – Email: [EMAIL]  
Phone: 202-693-[XXXX] – Fax: 202-693-3986/3984/3985

### Processing Instructions

**Background.** This proceeding was instituted following the notification from the United States International Trade Commission (USITC) to the Secretary of Labor that an investigation under section 202 of the Trade Act of 1974 (“the Act”) (19 U.S.C. § 2252) in respect to an industry has begun [Investigation Number], [Industry]. According to section 224 of the Act (19 U.S.C. § 2274(a)), following that notification the Secretary shall immediately begin a study into the potential impact on workers in the domestic industry. The study must include:

- (1) the number of workers in the domestic industry producing the like or directly competitive article who have been or are likely to be certified as eligible for adjustment assistance, and
- (2) the extent to which the adjustment of workers to the import competition may be facilitated through the use of existing programs.

The report of the study under subsection (a) shall be submitted to the President by [Study Date], coupled with the results of USITC’s findings. If the USITC makes an affirmative injury determination and recommends that the President impose relief, he may impose relief in the form of increased duties and/or other restrictions on imports of [Industry].

**Scope of Study.** The study will estimate the number of workers who are likely to be certified as eligible, under the Trade Adjustment Assistance (TAA) for Workers program (TAA Program) established by the Trade Act of 1974 (19 U.S.C. § 2271 et seq.). The scope of the information submitted here should be restricted to the [Industry] as defined by the USITC investigation [Investigation Number]. A detailed description of the industry can be found in the USITC’s notice of institution of investigation FR Notice: [FR Notice Hyperlink]

**Confidentiality.** All information submitted under this request will be used in the production of the U.S. Department of Labor’s (the Department) study under section 224 of the Act. The study will provide information in aggregate without identifying specific companies. The Department will protect the confidentiality of the information provided to the full extent of the law, in accordance with the Act, Trade Secrets Act, 18 U.S.C. § 1905 and the Freedom of Information Act, 5 § U.S.C. 552(b)(4), and Executive Order 12600, dated June 23, 1987 (352 F.R. 23781, June 25, 1987).

**Completing Form.** As a firm identified as part of the domestic industry, the Department requests this form be completed and returned no later than [Insert date here]. Type or print legibly and complete all sections, unless directed otherwise. If there is no quantity or value, enter “zero,” “0,” 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 Contact]. The form may be returned by email at [taa.reports@dol.gov](mailto:taa.reports@dol.gov) or by fax at (202) 693-3986.

**Filing for TAA Eligibility.** Please note that the outcome of this study, under section 224 of the Act, does not represent a determination by the Department on TAA worker group eligibility. In order to determine if a specific group of workers is eligible to receive TAA for worker benefits and services, a petition must be submitted to the Department. Petitions can be filed online at: [www.dol.gov/agencies/eta/tradeact/](http://www.dol.gov/agencies/eta/tradeact/). 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, and the Alternative Trade Adjustment Assistance (ATAA) benefit for workers aged 50 or older who find qualifying reemployment. Filing a petition is the first step in qualifying for TAA 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 determines worker group eligibility to apply for TAA Program benefits and services. A state workforce representative will notify workers in a certified group of the determination, at which time the individual worker may apply for eligibility of benefits and services at a local American Job Center. For a worker to be eligible to apply for individual eligibility, the worker must be part of a group of workers that is the subject of a petition filed with the Department. Additional information is available on our website at: [www.dol.gov/agencies/eta/tradeact/](http://www.dol.gov/agencies/eta/tradeact/).



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**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 required to adhere to (19 U.S.C. § 2274(a)). *Public Reporting Burden* for this collection is estimated to average 1 hour 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 (Paperwork Reduction Project 1205-0342).



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### Section I. Affirmation of Information

All information submitted under this request will be used in the production of the Department's study under section 224 of the Act. Knowingly falsifying any information on this form is a Federal offense (18 U.S.C. § 1001) and a violation of the 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 CUSTOMER OFFICIAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

### Section II. Firm Information

Please provide the following information for the headquarters of the firm:

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Describe the articles manufactured by the firm and their end uses.

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**Section III. Separation Information**

Please identify the locations of workers involved in the production of [Industry] from [Start Date] to [End Date]. Workers and locations not involved in the production of [Industry] **should not be included**. If more locations are needed, please duplicate this page and list out the remaining locations.

**Location 1:**

City: \_\_\_\_\_ State: \_\_\_\_\_  
 Closed? \_\_\_\_\_ Yes or No If so, date of closure: \_\_\_\_\_

# of Workers Employed on January 1 <sup>st</sup> , [Year-5]	# of Workers Employed on January 1 <sup>st</sup> , [Year-4]	# of Workers Employed on January 1 <sup>st</sup> , [Year-3]	# of Workers Employed on January 1 <sup>st</sup> , [Year-2]	# of Workers Employed on January 1 <sup>st</sup> , [Year-1]	# of Workers Employed on January 1 <sup>st</sup> , [Year]	Current # of Workers Employed	Anticipated Separations Before [End Date]

**Location 2:**

City: \_\_\_\_\_ State: \_\_\_\_\_  
 Closed? \_\_\_\_\_ If so, date of closure: \_\_\_\_\_

# of Workers Employed on January 1 <sup>st</sup> , [Year-5]	# of Workers Employed on January 1 <sup>st</sup> , [Year-4]	# of Workers Employed on January 1 <sup>st</sup> , [Year-3]	# of Workers Employed on January 1 <sup>st</sup> , [Year-2]	# of Workers Employed on January 1 <sup>st</sup> , [Year-1]	# of Workers Employed on January 1 <sup>st</sup> , [Year]	Current # of Workers Employed	Anticipated Separations Before [End Date]

**Location 3:**

City: \_\_\_\_\_ State: \_\_\_\_\_  
 Closed? \_\_\_\_\_ If so, date of closure: \_\_\_\_\_

# of Workers Employed on January 1 <sup>st</sup> , [Year-5]	# of Workers Employed on January 1 <sup>st</sup> , [Year-4]	# of Workers Employed on January 1 <sup>st</sup> , [Year-3]	# of Workers Employed on January 1 <sup>st</sup> , [Year-2]	# of Workers Employed on January 1 <sup>st</sup> , [Year-1]	# of Workers Employed on January 1 <sup>st</sup> , [Year]	Current # of Workers Employed	Anticipated Separations Before [End Date]

Have workers' wages and hours been reduced or do you anticipate future reductions? Yes  No

Please explain wage and hour reductions:

\_\_\_\_\_



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Has the firm or any location ceased operating or anticipate ceasing operations in the future? Yes  No   
If yes, please explain. Include dates of shutdown and whether the shutdowns are or will be temporary or permanent.

### Section IV. Trade Effects

Do you believe separations are in any way caused by the effects of foreign trade? Yes  No   
Please explain:

To the best of your knowledge, is your firm experiencing a decline in sales between [Start Date] and [End Date] caused by customers purchasing non-U.S. manufactured articles rather than the articles produced by your firm?

Yes  No  If yes, please explain:

### Section V. TAA for Workers Certification Information

Have workers within the firm been previously certified eligible to apply for TAA?  
Yes  No  If yes, please provide the relevant TA-W numbers:


Does the firm conduct business with a firm whose workers have been certified under the TAA program?  
Yes  No  If yes, please explain:



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### **Section VI. Additional Comments**

Please provide any further comments the firm believes would be relevant to the TAA Domestic Industry Study.

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Please report the number of hours and costs to your firm for completing this questionnaire.

Hours: \_\_\_\_\_ Costs in Dollars: \_\_\_\_\_