# Instructions for Completing the Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)



OMB No. 1205-0342

### **Instructions**

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in companies affected by imports from foreign countries, shifts in production to certain foreign countries, and to certain secondary workers. The program provides affected workers with both rapid and early assistance and the opportunity to engage in long-term training while receiving income support. **These benefits are provided at no expense to employers.** 

Alternative Trade Adjustment Assistance (ATAA) for older workers is an alternative to TAA for trade affected workers 50 years of age or older. ATAA encourages qualified trade affected workers to quickly obtain full-time employment by providing a wage subsidy in lieu of training and income support. Submission of a completed Petition Form signifies a desire to file for both TAA and ATAA. If certified for both programs, workers will have the option of applying for TAA benefits and services and, if reemployment occurs within 26 weeks of the worker's separation, may be eligible to receive ATAA instead of TAA, if the worker desires.

- A worker group (minimum of three workers), union official or other authorized representative, state or local agency representative in a local One Stop Career Center, or knowledgeable firm official must complete this Petition Form, by answering all questions before submitting it to the Department.
- 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. Public reporting burden for this collection is estimated to average 20 minutes 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 Department of Labor at the address provided below (Paperwork Reduction Project 1205-0342).

#### **Filing Directions**

- You must date and submit the Petition Form within 1 YEAR from the date on which the workers were separated or had their hours/wages reduced, but no more than 60 days before layoffs are scheduled or expected to begin.
- You must file the Petition Form with both the Department of Labor in Washington, DC and the TAA coordinator or the dislocated worker office of the state where the firm/subdivision is located.
  - To file with the Department of Labor, use one of the methods below (electronically submit or fax for quicker processing):

**Electronically submit** the Petition Form online at <a href="http://www.doleta.gov/tradeact/petitions.cfm">http://www.doleta.gov/tradeact/petitions.cfm</a> **OR Fax** the completed Petition Form to 202-693-3584 or 202-693-3585, **OR Mail** the completed Petition Form to the Department of Labor address provided below.

To file with the TAA coordinator or the dislocated worker office of the state:

Use the contact information below to find the appropriate filing address. If this petition includes firms/subdivisions in different states, copies of this completed Petition Form must be filed in each state where firms/subdivisions are located.

**Toll-Free Helpline**: 1-877-US2-JOBS (TTY) 1-877-889-5627

Internet: http://www.servicelocator.org

• Questions? Contact the Department of Labor at:

U.S. Department of Labor

Division of Trade Adjustment Assistance

Room C-5311 Phone 202-693-3560

200 Constitution Ave., N.W. Fax 202-693-3584, 3585

Washington, DC 20210 Internet <a href="http://www.doleta.gov/tradeact">http://www.doleta.gov/tradeact</a>

OMB No. 1205-0342 Expires: 11/30/2008



## Instructions for Completing the Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

#### Section 1. Petitioner Information

		Petitioner 1	Petitioner 2	Petitioner 3
a)	Name			
b)	Title			
c)	Street Address			
	City			
	State, Zip			
d)	Phone – Main			
e)	Phone– Alternate			
f)	Email			
g)	Worker Separation Date			
h)	Petitioner Type: (please check one)	Three Workers   State Workforce Office	Company Official  One-Stop Operator/Partner	Union Official  Other Authorized Representative
ν	tion 2. Workers Fir	rm/Subdivision Info	mauon	
				ib. Workers comblemia mis bemior
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### **Employment and Training Administration**

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4.	Is the worker group (check the boxes that a	apply):		
a)	Employed by a firm/subdivision that produces an article(s)			
b)	Contracted to perform work for a firm/subdivision that produces an article(s)			
000	estion 2. Treals Effects			
	ection 3. Trade Effects			
	your opinion, does the worker group work at a firm or subdivision that has: (check appropriate box(es) below)			
a)	<ul> <li>Increased imports of like or directly competitive article(s) from a foreign country(s)</li> <li>Shifted production of the article(s) to a foreign country(s)</li> </ul>			
	<ul> <li>Customers that have increased imports from a foreign country(s)</li> <li>Supplied component parts for articles produced by a firm with a currently TAA certified worker group</li> </ul>			
b)				
c)	Assembled or finished articles provided by a firm with a currently TAA certified worker group			
	If you checked Question 5(b) or 5(c) above worker group:	e, provide the following information for the firm with a currently TAA certified		
a)	a) Firm Name			
b)	Street Address			
	City			
	State, Zip			
c)	· ——			
d)	· · · · · · · · · · · · · · · · · · ·			
e)	e) Certification Number and Date (If known)			
		rorker group is eligible for TAA and ATAA certification, in the space below. ce that shows that the worker group is eligible as an attachment to the petition		
8.	check the box below if you have attached any additional information or supporting documents.			
	I have attached additional information or supporting documents.			
Sec	ection 4. Affirmation of Information	on		
prov is eli the T	oviding notice to petitioners, workers, and the eligible. Knowingly falsifying any information	m will be used for the purposes of determining worker group eligibility and e general public that the petition has been filed and whether the worker group on this Petition Form is a Federal offense (18 USC § 1001) and a violation of titioners listed in Question 1 must sign below and the petition must be dated in to the following statement:		
"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."				

U.S. Department of Labor	Petition for TAA and ATAA
a) Signature b) Name (Print) c) Date of Petition	
The petition will be made available for public inspection and of USC § 552), Executive Order 12600, and 29 CFR Part 70, up	opying under the Freedom of Information Act, as amended (5 on written request to the Department of Labor.