



TA-W - : _____
Subject Firm: _____
Location: _____

1. Company Information:

Name and Address of company division or subdivision for the petitioning workers:

Official Company Name _____ Division _____

Address _____

Parent company of subject firm _____

Affiliates, branches, and subdivisions producing similar products _____

Contact Person at subject firm _____ Signature _____

Contact Person's Address _____

Telephone _____ Fax _____ E-Mail _____

Federal Employer Identification No. (FEID) _____ In the past two years, have the workers wages been reported under another FEID number? Yes No

If workers' wages at the subject firm were reported under another FEID number, please specify the number and the corporate name: _____

Identify staffing agencies supplying leased or temporary workers to produce the articles, if applicable. _____

2. Identify the product(s) manufactured at the subject plant: _____

3. Recent activities of subject firm: (Check Yes, No, or Unknown in the space provided)

Table with 3 columns: Question, Yes, No, Unknown. Contains 9 rows of questions regarding layoffs, production declines, shutdowns, product changes, imports, and job losses.

If yes, please provide the name and address of the firm(s) with which your company lost business.

Name: _____

Address: _____

What percentage of your company's sales or production did sales to this company account for? _____



4. Company Employment Sales, Production, and Imports:

Reproduce and complete a form for each product produced by affected workers if workers are separately identifiable by product.

Identify articles (products) affected: _____

Report the firm's data for the last two full years, the most recent year-to-date, and the comparable period in the previous year. Please indicate whether your answers are in dollars or quantity*. If quantity is used, please provide the unit of measurement below. When reporting shifts in production to foreign countries, please use the space provided to specify which country production was shifted to and report for each foreign country on a separate line.

	200_	200_	JAN thru 200_	JAN thru 200_
Production Workers Employment (Number)				
Salaried Workers Employment (Number)				
Workers Age 50 or Over (Number)				
Sales				
Dollars <input type="checkbox"/> Quantity* <input type="checkbox"/>				
Production				
Dollars <input type="checkbox"/> Quantity* <input type="checkbox"/>				
Total Company Imports of Like or Directly Competitive Products				
Dollars <input type="checkbox"/> Quantity* <input type="checkbox"/>				
Production Shifted to Foreign Countries:				
Dollars <input type="checkbox"/> Quantity* <input type="checkbox"/>				
Country 1: _____				
Country 2: _____				
Country 3: _____				

*Quantities provided are measured in: (For example: units, dozens, pounds, tons) _____

Are numbers shown actual or estimates? _____



5a. Sales to Customers:

Reproduce and complete a form for each article produced by affected workers.

Identify articles (products) affected: _____

For *each* impacted article (product), include a list of customers that accounts for the majority **of the decline** in sales of the article (product) identified. Reproduce and attach sheet(s) to provide information on major declining customers.

Report the firm's data for the last two full years, the most recent year-to-date, and the comparable period in the previous year. Please indicate whether your answers are in dollars or quantity*. If quantity is used, please provide the unit of measurement.

CUSTOMER(S)	200_	200_	JAN thru 200_	JAN thru 200_
Company Name: _____ Address: _____ _____				
Contact Person: _____ Telephone: _____ Fax: _____				
Dollars <input type="checkbox"/> Quantity <input type="checkbox"/>				

Company Name: _____ Address: _____ _____				
Contact Person: _____ Telephone: _____ Fax: _____				
Dollars <input type="checkbox"/> Quantity <input type="checkbox"/>				

Company Name: _____ Address: _____ _____				
Contact Person: _____ Telephone: _____ Fax: _____				
Dollars <input type="checkbox"/> Quantity <input type="checkbox"/>				

*Quantities provided are measured in: _____ (for example: units, dozens, pounds, tons)

If you had any difficulty responding to any of the questions, please provide your comments. Attach additional sheets if necessary.



5b. SALES TO CUSTOMERS

Relevant only if company works on contractual basis. If applicable, list the major projects for which the subject firm submitted unsuccessful bids during the last two years. Reproduce and attach sheet(s) if needed to provide information for major contracts lost.

FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION
NAME: _____	PRODUCT: _____	ID#: _____
ADDRESS: _____	_____	AMOUNT OF BID: _____
CONTRACTING AGENT: _____	QUANTITY: _____	DATE OF AWARD: _____
PHONE/FAX: _____	PERIOD OF PERFORMANCE: _____	AWARDEE (IF KNOWN): _____

FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION
NAME: _____	PRODUCT: _____	ID#: _____
ADDRESS: _____	_____	AMOUNT OF BID: _____
CONTRACTING AGENT: _____	QUANTITY: _____	DATE OF AWARD: _____
PHONE/FAX: _____	PERIOD OF PERFORMANCE: _____	AWARDEE (IF KNOWN): _____

FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION
NAME: _____	PRODUCT: _____	ID#: _____
ADDRESS: _____	_____	AMOUNT OF BID: _____
CONTRACTING AGENT: _____	QUANTITY: _____	DATE OF AWARD: _____
PHONE/FAX: _____	PERIOD OF PERFORMANCE: _____	AWARDEE (IF KNOWN): _____

If you had any difficulty responding to any of the questions, please provide your comments. Attach additional sheets if necessary.



Processing Instructions

This information is being requested from you as a result of a petition for TAA filed on behalf of a group of workers. This information is considered confidential and will be used only by the U.S. Department of Labor in making a determination whether the criteria for TAA have been met. Your assistance in expediting the TAA Business Confidential Data Request is necessary for the Department to make the determination within the statutorily required 40 days, as mandated in Public Law 107-210.

General Instructions – Type or print legibly. Complete all items applicable to the filing petitioner(s).

Background - The Trade Act of 1974 (19 USC § 2317), as amended, established Trade Adjustment Assistance (TAA) for workers to provide assistance to workers in firms impacted by imports from foreign countries. The Trade Act of 2002 amended TAA to extend eligibility to workers in firms affected by shifts in production to certain foreign countries; eligibility was also extended to certain secondary workers. The program provides affected workers with both rapid and early intervention and the opportunity to engage in long-term training while receiving income support.

How this information will be used – The U.S. Department of Labor will use the information contained on this form to determine whether the group of workers meet the certification criteria established by law, for eligibility to apply for TAA.

Obligations – Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligations to reply to these reporting requirements are Mandatory (PL 107-210). Public reporting burden for this collection is estimated to average 3.5 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 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, Division of Trade Adjustment Assistance, Room N-5428, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0342).