Customer Survey

COMPANY NAME

U.S. Department of Labor

Employment and Training Administration



						. 1205-03 8/31/200		
Reference Number: TA-W	<i></i>							
Subject Firm:							<u></u>	
Contact Person at the Dep	partment of Labo	or:						
Phone: (202) 693-		Fax: (202) 693-3	Fax: (202) 693-3585 E-Mail:			@dol.gov		
Estimate for the produ years, the most recen								
PRODUCT(S):								
	Subj		ect Firm Other Dom		Foreig	Foreign Firms		
Period	Quantity	Value	Quantity	Value	Quantity	Va	lue	
200_ (Full Year)								
200_ (Full Year)								
Jan thru 200_								
Jan thru 200_								
*Quantities provided are	measured in:			(for exampl	e: units, dozens,	pounds,	tons)	
2. Were any of the produ	uct(s) purchase	d from other domesti	c firms wholly manu	factured in a foreig	n country?	Yes	No	
If Yes, indicate percer	ntage for:				-			
200_ %, 20	00_	%, Jan thru	200_	%, Jan thru	200)_	%	
		(mor	nth)		(month)			
Were any of the produ Canada?	uct(s) purchase	d from other domesti	c or foreign firms ma	anufactured in Mex	ico and/or	Yes	No	
If Yes, indicate percer	ntage for:				_			
200_ %, 20	00_	%, Jan thru	200_	%, Jan thru	200)_	%	
	·	(m	onth)		(month)			
How many hours were rec	uired to comple	ete this form?						
•								
PRINT NAME			SIGNATURE			TITLE		

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements is mandatory (Trade Act of 1974, Sections 222, 223 & 249). Public reporting burden for this collection of information is estimated to vary from 1 to 6 hours per response, 6 hours for first time respondents, and 1 hour for firms involved in a previous investigation, 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 U.S. Department of Labor, Division of Trade Adjustment Assistance, Room N-5428, Washington, D.C., 20210 (Paperwork Reduction Project 1205-0342). How this information will be used – The U.S. Department of Labor will use the information contained on the Form 8562a to determine whether the group of workers meet the certification criteria established by law, for eligibility to apply for adjustment assistance.

FAX NUMBER

PHONE NUMBER

E-MAIL