Petition for Trade Adjustment Assistance (TAA)

About the Trade Adjustment Assistance (TAA) Program

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms hurt by foreign trade. Program benefits include long-term training while receiving income support. TAA provides both rapid and early assistance. Filing this petition is the first step in qualifying for benefits and assistance. After the petition is filed, the U.S. Department of Labor will determine whether a significant number or proportion of the workers of the firm have become total or partially separated or are threatened to become totally or partially separated, and whether imports or a shift in production or services to a foreign country contributed importantly to these actual or threatened separations and to a decline in sales or in production of articles or supply of services. Workers in public agencies may also qualify for assistance where an agency has acquired from a foreign country services like or directly competitive with the services the agency supplies. If a petition is approved and the workers are certified as eligible to participate in the TAA program, workers covered by a certification may contact their state workforce agency to apply for benefits. **These benefits are provided at no expense to employers.**

Filing Instructions

- **A group of three workers from the same firm at the same job location, or a union official, or a state or local agency representative in a local One Stop Career Center, or an employer official, or a legally authorized representative must complete this Petition Form by answering all questions before submitting it to the U.S. Department of Labor.**
- **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.**
- You must file the Petition Form with **both** the U.S. Department of Labor in Washington, DC **and** dislocated worker office of the state where the firm or public agency is located.
  - **To file with the U.S. Department of Labor**, use the methods below (electronically submit or fax for quicker processing):

    Electronically submit the Petition Form online at http://www.doleta.gov/tradeact/petitions.cfm **OR**
    Fax the completed Petition Form to 202-693-3585, **OR**
    Mail the completed Petition Form to the U.S. Department of Labor at:

    U.S. Department of Labor
    Trade Adjustment Assistance Program
    200 Constitution Ave NW, Room N-5428
    Washington, DC 20210

    Also, file with the dislocated worker office of the state by FAX at 503-378-3365

    Oregon Department of Community Colleges and Workforce Development (CCWD)
    Dislocated Worker Unit
    255 Capitol Street NE
    Salem, OR 97310-1341

    Toll-Free Helpline: 1-877-US2-JOBS (TTY) 1-877-889-5627
    Internet: http://www.servicelocator.org

For assistance in preparing a petition

Petitioners may request assistance in preparing the petition at their local One-Stop Career Center, by contacting the U.S. Department of Labor in Washington, D.C. at 1-888-DOL-OTAA (1-888-365-6822), or by contacting their State Dislocated Worker Unit or Employment Security Agency through the telephone numbers or internet addresses provided above.

To check the status of your petition go to:

http://www.doleta.gov/tradeact/taa/taa_search_form.cfm

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 obtain or maintain benefits (19 USC 2321). 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, 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 Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).

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Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

		Petitioner 1	*Petitioner 2*	*Petitioner 3*
a)	Name			
b)	Title			
c)	Street Address			
	City			
	State, Zip			
d)	Phone – Main			
e)	Phone – Alternate			
f)	E-mail			
g)	Worker Separation Date			

h) Petitioner Type: (please check one) Three Workers ❒ Company Official ❒ Union Official ❒ (Union Name _____)
State Workforce Office ❒ One-Stop Operator/Partner ❒ Other Authorized Representative ❒

i) Describe the worker group on whose behalf this petition is being filed: _____

Section 2. Workers' Firm / Public Agency Information

Provide information on the firm or public agency employing the worker group. Complete items (a) – (h) regarding the employing firm or public agency. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (i) – (m) regarding the firm or public agency at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm or Public Agency)

a) Name of Firm / Public Agency _____
b) Street Address _____
City _____
State, Zip _____
c) Phone _____
d) Website (if known) _____
e) Describe the article produced or service supplied by this firm or public agency _____
f) How many workers have been or may be separated (if known)? _____
g) Is the firm or any part of the firm closing (if known)? If yes, when? _____

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm / Public Agency _____
i) Street Address _____
City _____
State, Zip _____
j) Phone _____
k) Describe the article produced or service supplied by this firm or public agency _____
l) How many workers have been or may be separated (if known)? _____
m) Is the firm or any part of the firm closing (if known)? If yes, when? _____

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Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm or public agency are due to foreign trade. (Example: Production has been / is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

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2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

☐ I have attached additional information or supporting documents.

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

		Official 1	Official 2
a)	Name		
b)	Title		
c)	Phone – Work		
d)	Phone – Alternate		
e)	Fax		
f)	E-mail		

Section 4. Affirmation 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 whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below, and the Petition Form must be dated. By signing below, you agree to the following statements:

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

a)	Signature			
b)	Name (Print)			
c)	Date of Petition			

The Petition Form 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 U.S. Department of Labor.