

The following information will be needed to qualify your firm for Trade Adjustment Assistance. All data should be for a two year period ending with the most recent month. Please answer with an "N/A" if not applicable and attach another sheet where additional space is needed. Please call the Southwest TAAC at 800-344-8872 if you need assistance.

TAAC PETITION INFORMATION

SECTION I

Are you a division of another firm? (If you are a division, please complete this form with information for the **parent company**, which will be the petitioning firm.)

Legal name of firm: _____

Firm address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Telephone: _____

SIC Code(s): _____

Fax #: _____

Contact & Title: _____

Contact E-Mail: _____

Are you a subsidiary of another firm? (If you are a subsidiary please proceed, but indicate cash flows to and from the parent, or provide financials for the parent as well as yourself.)

Are you a Corporation _____ Partnership _____ Proprietorship _____

List the present owners and percentage owned by each:

Names and titles of Directors, Officers, and Key Managers: _____

SECTION II

Please give a brief history of the firm, including founders and their present positions in the firm, when and where founded, and the names of any predecessor companies.

Type of business & markets: _____

Description of all goods and services provided: _____

Location and size of all facilities: _____

Markets served: Regional _____ National _____ International _____

Are any other firms owned or controlled by these owners? If so, please give name, address, and nature of the other business(es).

Have there been any other significant events, such as natural disasters, fires, labor strikes, changes in product mix, etc. in the last five years? If so, explain: _____

SECTION III

List all articles produced or services that have been impacted by imports. For each list the principle materials used, and describe the manufacturing or service process:_____

List other articles produced or services that are not affected by imports:_____

List articles purchased for resale; indicate if any are imported: _____

Have any laid off employees petitioned the Labor Department for Trade Adjustment Assistance training? _____

SECTION IV

Attach internal financials for the current YTD, and either audited financials or tax returns signed by an officer of the company for the last two fiscal years.

Attach monthly employment totals from the last eight quarters of your employment reports to the state.

Attach the list of customers of impacted products who purchased less this year than last year (blank forms attached).

Attach two copies of the sales literature for each impacted item.

Information prepared by: _____ Date: _____

Title: _____

Return to:

Southwest TAAC
501 W. Durango
San Antonio, TX 78207-4415
210-458-2490 or 800-344-8872
FAX: 210-458-2491

CUSTOMER LIST

The following customer information must be given in accordance with Item 12 of the Petition for Certification of Eligibility. Sales volumes for the two comparative periods should correspond to the time frames used elsewhere in the petition. The U.S. Department of Commerce will contact these customers to verify that they are replacing your goods with imports, so make sure to identify accounts that are significant to your firm and that show declines in sales volumes of at least 5% of the total net sales decline reported in the Petition.

Sales Data for Period Ending:

1. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____

2. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____

3. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____

Sales Data for Period Ending:

4. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____

5. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____

6. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____

7. Name: _____

Address: _____

City/State: _____

Buyer: _____

Phone: _____
