

#### 210.458.2490 800.344.8872 Toll Free

# PETITION INFORMATION

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. Contact us if you need assistance.

## **SECTION I**

Legal name of firm:				
Firm address:				
City:				
County:		_ Cogressional District: _		
Telephone:		_ Fax:		
DUNS# (if none, visit fedgov.dnb.com/w	ebform):			
NAICS Code(s):				
Contact & Title:				
Are you a subsidiary of another fir (If you are a subsidiary please proceed, but in	rm?	⊐No		
Are you a subsidiary of another fir (If you are a subsidiary please proceed, but in the parent, or provide financials for the pare	rm?	□No 1d from		□ Other
Are you a subsidiary of another fin (If you are a subsidiary please proceed, but in the parent, or provide financials for the parent Are you a  □ Corporation	rm?  Yes adicate cash flows to an nt as well as yourself.) Partnership	□No nd from □Single Proprietorship	□LLC	
Contact Email:Are you a subsidiary of another fin (If you are a subsidiary please proceed, but in the parent, or provide financials for the parent Are you a	rm?  Yes adicate cash flows to an nt as well as yourself.) Partnership	□No ad from □Single Proprietorship	□LLC	□ Other
Are you a subsidiary of another fin (If you are a subsidiary please proceed, but in the parent, or provide financials for the parent Are you a Corporation If Other, please explain:	rm?  Yes adicate cash flows to an nt as well as yourself.) Partnership	□No ad from □Single Proprietorship	□LLC	□ Other
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Are you a subsidiary of another fin (If you are a subsidiary please proceed, but in the parent, or provide financials for the parent Are you a Corporation If Other, please explain:	rm?  Yes adicate cash flows to an int as well as yourself.) Partnership ntage owned by ea	□No <i>nd from</i> □ Single Proprietorship ach:		□ Other

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## **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 servic	es provided:			
Location and size of all facilities:				
Markets served: 🗆 Regional				
List countries and/or states:				
Have there been any other significa	ant events, such a	s natural disasters, fires, labor strikes, changes in		
		-		
product mix, etc. in the last five years? If so, explain:				

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## **SECTION III**

List all articles produced that have been impacted by imports.

General explanation (start/finish) of manufacturing production process:

List other articles produced 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?

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### **SECTION IV**

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

Attach first page which identifies company name and the page showing monthly employment totals, of the last nine 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).

Information prepared by:	Date:
Title:	

Return to: Southwest TAAC University of Texas at San Antonio 501 W. César E. Chávez Blvd. | San Antonio, TX 78207 210.458.2490 or 800.344.8872 southwesttaac@utsa.edu

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