

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 1/31/2013



Petition for Trade Adjustment Assistance (TAA) **81599**

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.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	<u>Anthony M. Molsby</u>	_____	_____
b) Title	<u>Manager, Human Resources</u>	_____	_____
c) Street Address	<u>508 Wilson Street</u>	_____	_____
City	<u>Kentland</u>	_____	_____
State, Zip	<u>Indiana, 47951</u>	_____	_____
d) Phone – Main	<u>(219) 474-8002</u>	_____	_____
e) Phone – Alternate	<u>(219) 474-5136</u>	_____	_____
f) E-mail	<u>ammolsby@bonlalum.com</u>	_____	_____
g) Worker Separation Date	<u>Started 4/13/2012 in 60 day intervals</u>	_____	_____
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input checked="" type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input type="checkbox"/>	One-Stop Operator/Partner <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	<u>All regular full time salaried and hourly employees at the Bonnell Aluminum Kentland Indiana Facility.</u>		

Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. 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 (h) – (m) regarding the firm 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)

a) Name of Firm	<u>Bonnell Aluminum, a subsidiary of Tredegar Corporation</u>
b) Street Address	<u>508 Wilson Street</u>
City	<u>Kentland</u>
State, Zip	<u>Indiana 47951</u>
c) Phone	<u>www.bonlalum.com/</u>
d) Website (if known)	<u>Manufacturer of custom aluminum extrusions</u>
e) Describe the article produced or service supplied by this firm	<u>There were 146 employees at the decision point to close the Plant</u>
f) How many workers have been or may be separated (if known)?	<u>The Kentland, Indiana division is closing in its entirety.</u>
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	_____
i) Street Address	_____
City	_____
State, Zip	_____
j) Phone	_____

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- k) Describe the article produced or service supplied by this firm _____
- 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? _____

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 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.)

The United States Aluminum Extrusion Fair Trade Committee filed a petition with the United States International Trade Commission (ITC) and the United States Department of Commerce (DOC) for redress from alleged unfair trade practices involving aluminum Extrusions imported from China. Significant supporting information is available for review at the Aluminum Extruders Council (AEC) Website www.aec.org

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

David M. Asher

Patrick C. Daniel

b) Title

c) Phone - Main

d) Phone - Alternate

e) Fax

f) E-mail

Redacted

Section 4. Affirmation of Information

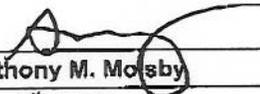
The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information 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


Anthony M. Molsby

May 8th, 2012