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. A union official completing this petition form should provide the name of the Union.

		Petitioner 1		
a)	Name	Raymond Serdynski		
b)	Title	Vice President Operations		
c)	Street Address	4545 W. Brown Deer Road		
	City	Milwaukee		
	State, Zip	WI, 53223		
d)	Phone - Main	(414) 355-0400		
e)	Phone - Alternate	(414) 371-5836		
f)	E-mail	rserdynski@badgermeter.com		
g)	Worker Separation Date	01/31/2013		
h)	Petitioner Type:	Company Official		

i) Describe the worker group on whose behalf this petition is being filed:
All Badger Meter employees, temp &contract workers

Section 2. Workers' Firm Information

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 locations 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	Badger Meter, Inc.
b)	Street Address	4545 W. Brown Deer Road
	City	Milwaukee
	State, Zip	WI, 53224
c)	Phone	(414) 355-0400
d)	Website (if known)	http://www.badgermeter.com
e)	Describe the article produced or service supplied by this firm	Water meters
f)	How many workers have been or may be separated (if known)?	18
g)	Is the firm or any part of the firm closing (if known)? If yes, when?	No

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	
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.)

By 2nd Quarter of 2013, we intend to move our Milwaukee, WI eSeries meter production (assembly, test and pack of 5/8" - 1" meter sizes) to our Nogales, Mexico plant.

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 not 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 locations.

		Official 1	Official 2
a)	Name	Raymond Serdynski	Kelly Kauffman
b)	Title	Redacted	
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	/s/ Raymond Serdynski
b)	Name (Print)	Raymond Serdynski
c)	Date of Petition	November 12, 2012

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.

The Petition Form date will be recorded as the date that the petition is transmitted electronically via website to OTAA.