

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342

Expires: 3/31/2013



Petition for Trade Adjustment Assistance (TAA) 82658

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.

Form with columns for Petitioner 1, 2, and 3. Fields include Name, Title, Street Address, City, State, Zip, Phone, E-mail, Worker Separation Date, and Petitioner Type. Includes handwritten information for Vicki Tanner at Workforce Services.

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)

Form for Employer (Firm) with fields for Name of Firm, Street Address, City, State, Zip, Phone, Website, and description of services. Includes handwritten information for SunTrust Bank.

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:

Form for alternate location with fields for Name of Firm, Street Address, City, and State, Zip.

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- 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? _____

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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 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.)

Technology services are being outsourced to companies in India.

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	Anil Cheriyan	Kenneth Carria	_____
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)	Vicki Tanner	_____	_____
c) Date of Petition	04/12/2013	_____	_____



COMMONWEALTH of VIRGINIA

Virginia Employment Commission
703 East Main Street

John R. Broadway
Commissioner

Post Office Box 1358
Richmond, Virginia 23218-1358

FAX COVER SHEET

TO: USOOL/office of TAA contact #
Washington, D.C. 202-693-3560
202-693-3584

FROM: Anna Rice-Wright, State Trade Act Program Mgr.
Virginia Employment Commission
Workforce Services Division, Room 308
703 East Main Street
Richmond, VA 23219
Phone: 804-786-8825 Fax: 804-786-6091

Number of pages in this fax (including cover sheet) 10

COMMENTS / INSTRUCTIONS:

please send attached completed petition
info -
[Signature]

This fax message may contain information that is protected by law. The use of this information by unauthorized persons is strictly prohibited. If you received this fax message in error, please immediately notify the sender by telephone.