

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 3/31/2016



Petition for Trade Adjustment Assistance (TAA) 82749

Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same firm 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.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	Don Stout		
b) Title	Vice-President of Mfg		
c) Street Address	1019 Titan Road		
City	Dillon		
State, Zip	SC 29536		
d) Phone – Main	(843) 774-7353		
e) Phone – Alternate	(843) 229-0708		
f) E-mail	tuotsnod@aol.com		
g) Worker Separation Date	July 2013		
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"/>	American Job Center <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	Draw Winding Department Employees		

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 American Job Centers 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	Dillon Yarn Corporation
b) Street Address	1019 Titan Road
City	Dillon
State, Zip	SC 29536
c) Phone	(843) 774-7353
d) Website (if known)	www.titantextile.com
e) Describe the article produced or service supplied by this firm	Polyester & Nylon Yarns
f) How many workers have been or may be separated (if known)?	22
g) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes, July 2013

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?	

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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.)

Imported yarn has undercut pricing of yarn manufactured in this facility.

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, one of whom should be a dislocated worker's supervisor. 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	Madge Rogers	Shawn Dougherty
b) Title	Redacted	
c) Phone - Main	Redacted	
d) Phone - Alternate	Redacted	
e) Fax	Redacted	
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)	Don Stout	_____	_____
c) Date of Petition	May 13, 2013	_____	_____



FAX

TO: US Department of Labor
FROM: Madge Rogers
DATE: 05/16/2013
SUBJECT: TAA Petition
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Message:

Here is a TAA Petition filed on behalf of the employees in our Draw Winding Department at Dillon Yarn Corporation. This department will be closing in 4-6 weeks. Thank you for your consideration.

Madge Rogers
Human Resource Manager
Dillon Yarn Corporation
1019 Titan Road
Dillon, SC 29536
(843) 774-7353
(843) 774-6549 (fax)