



Petition for Trade Adjustment Assistance (TAA) 82993

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.

Table with 3 columns: Petitioner 1, Petitioner 2, Petitioner 3. Rows include Name, Title, Street Address, City, State, Zip, Phone - Main, Phone - Alternate, E-mail, Worker Separation Date, and Petitioner Type (Three Workers, Company Official, Union Official, etc.).

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)

Form for Employer (Firm) with fields: a) Name of Firm (Welch Allyn), b) Street Address (8500 SW Creekside Place), City (Beaverton), State, Zip (OR 97008), c) Phone (503-530-7500), d) Website (welchallyn.com), e) Describe the article produced or service supplied by this firm (Design, manufacture and distribution of medical diagnostic instruments used in all caregiver settings worldwide.), f) How many workers have been or may be separated (if known)? (150), g) Is the firm or any part of the firm closing (if known)? If yes, when? (Beaverton, Oregon manufacturing will cease operations and will be consolidated & transferred to New York.)

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 additional location with fields: h) Name of Firm, i) Street Address, City, State, Zip, j) Phone

U.S. Department of Labor

Employment and Training Administration

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



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

- 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? \_\_\_\_\_



### Petition for Trade Adjustment Assistance (TAA)

#### 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.)

1. Beaverton products have experienced a significant decline in sales due to competition with Phillips and other international firms.
2. The specific manufacturing skillsets available in Beaverton are no longer needed and the overall organization has needed to reduce costs and the infrastructure footprint.
3. This decision was a subset of a larger project to significantly reduce the Company's cost structure due to a dramatic drop in Revenues over the past year. The reduction in Revenues is partially due to lost bids to foreign medical instrument manufacturers. The company's overall strategy is to move most production to Mexico with only a smaller core site in the US, at its headquarters in NY.

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

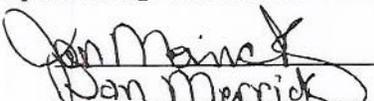
a) Name	Peter Murray	Jan Merrick	_____
b) Title	-	-	_____
c) Phone - Main	-	-	_____
d) Phone - Alternate	-	-	_____
e) Fax	-	-	_____
f) E-mail	-	-	_____

# 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) Jan Merrick
- c) Date of Petition 8/14/13



*Fax Cover Sheet*

Beaverton, Oregon  
8500 SW Creekside Place  
Beaverton, OR USA  
Phone: 530.530.7500 Fax: 503.526.4377  
[www.welchallyn.com](http://www.welchallyn.com)

DATE: August 14, 2013  
TO: U.S. Department of Labor  
FAX: 202.693.3585  
RE: Petition for Trade Adjustment Assistance

To Whom It May Concern:

Following please find a petition for Welch Allyn's Oregon site filed on behalf of employees whose jobs are impacted by significant foreign trade activity.

If you have questions, please contact the petitioner listed in Section 1 of the form.

Thank you for your consideration.

**WelchAllyn**

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Beaverton, OR USA  
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[www.welchallyn.com](http://www.welchallyn.com)

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