

Post-it® Fax Note	7671	Date	3/25/15	# of pages	3
To	US OTA	From	Bill Zillmer		
Co./Dept.	US Dept of Labor	Co.	WI DWD		
Phone #		Phone #	608/266-0745		
Fax #	202/693-3585	Fax #	608/267-2392		

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



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

85905

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	Richard Hall	Michael D. Franville	Diana M. Stone
b) Title	REDACTION	Plant Area Technician	Quality Control
c) Street Address			
City			
State, Zip			
d) Phone - Main			
e) Phone - Alternate			
f) E-mail			
g) Worker Separated			
h) Petitioner Type:	<input checked="" type="checkbox"/> Three Workers <input type="checkbox"/> State Workforce Office <input type="checkbox"/> American Job Center <input type="checkbox"/> Other Authorized Representative		
i) Describe the worker group on whose behalf this petition is being filed:	Employees of Hampton International Shell Lake location		

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	Hampton Products International Corp.
b) Street Address	W7041 Woodcraft Rd.
City	Shell Lake, WI 54877
State, Zip	WI, 54877
c) Phone	715-468-1400
d) Website (if known)	
e) Describe the article produced by this firm	storm door closers, latches
f) How many workers have been or may be separated (if known)?	29
g) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes May/June

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 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?	

U.S. Department of Labor

Employment and Training Administration

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



**Petition for Trade Adjustment Assistance (TAA) and  
Alternative Trade Adjustment Assistance (ATAA)**

**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, increased imports of articles, loss of business with a TAA-certified firm.)

*There had been talk that a Chinese company, that  
Manufacture was bringing production from great distances  
unless they would get more of lower cost materials, that will have a significant impact.*

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. *Answer to Section 3 typed*

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	<u>Jason Quinn</u>	<u>Shawn Hestad</u>
b) Title	<u>Occupation Manager</u>	<u>Shipping &amp; Receiving Manager</u>
c) Phone - Main	REDACTION	
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	<u><i>Richard W. Hill</i></u>	<u><i>Michael O. Francis</i></u>	<u><i>Dean McSene</i></u>
b) Name (Print)	<u>Richard W. Hill</u>	<u>Michael O. Francis</u>	<u>Dean McSene</u>
c) Date of Petition	<u>March 16, 2015</u>	<u>March 16, 2015</u>	<u>March 16, 2015</u>
	<u><i>Paul A. Reed</i></u>	<u><i>Mar</i></u>	
	<u><i>3-16-15</i></u>		

Hampton Products International Corp., Shell Lake, WI

**Section 3. Trade Effects on Separations**

(The original is written in pencil and may not fax well. Below is what it says.)

There had been talk that a Chinese company, that Hampton was buying product from, quit shipping product unless they would get more of our market; that we were producing.