



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

**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.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	Michael Daily		
b) Title	USW Staff Representative		
c) Street Address	1126 South 70 <sup>th</sup> Street		
	Suite N509A		
City	West Allis		
State, Zip	WI, 53214		
d) Phone – Main	414-475-4560		
e) Phone – Alternate			
f) E-mail	mdaily@usw.org		
g) Worker Separation Date	October 5, 2019		
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official X <input checked="" type="checkbox"/> (United Steelworks)
(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:	On behalf of all trade-impacted workers of this location, including hourly, salaried and third-party 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	C&D Technologies
b) Street Address	900 E. Keefe Avenue
City	Milwaukee
State, Zip	Wisconsin, 53212
c) Phone	(414) 967-6500
d) Website (if known)	<a href="https://www.cdtechno.com/">https://www.cdtechno.com/</a>
e) Describe the article produced or service supplied by this firm	The company makes Batteries, Mostly for power stations
f) How many workers have been or may be separated (if known)?	158
g) Is the firm or any part of the firm closing (if known)? If yes, when?	October 5, 2019

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?	

