OMB Control Number: 1205-0342
Expiration Date: 9/30/2022

Petition for Trade Adjustment Assistance (TAA) for Workers

INSTRUCTIONS FOR COMPLETING THE FORM

Background. The TAA for Workers program (TAA Program) is authorized under Title II of the Trade Act of 1974, as amended (19 U.S.C. § 2271 et seq.) (the Act). The TAA Program provides workers who have been adversely affected by foreign trade with opportunities to obtain skills, credentials, resources, and support necessary to become reemployed. The TAA Program offers the following benefits and services to eligible workers: employment and case management services, training, out of area job search and relocation allowances, income support through Trade Readjustment Allowances, and the Reemployment Trade Adjustment Assistance benefit for workers aged 50 or older who find qualifying reemployment. Filing a petition is the first step in qualifying for TAA Program benefits and services. In response to the filing of a Petition, the Department of Labor (Department) conducts an investigation to determine whether foreign trade contributed importantly to the workers' job separation or threat of job separation. After the investigation, the Department determines worker group eligibility to apply for TAA Program benefits and services. A state workforce agency representative will notify workers in a certified group of the determination, at which time the individual workers may apply for benefits and services at a local American Job Center. For a worker to be eligible for benefits and services, the worker must be part of a worker group that has been certified under a petition filed with the Department. Additional information is available on our website at: https://www.doleta.gov/tradeact/.

Filing Instructions. A petition for certification of eligibility to apply for adjustment assistance for a group of workers must be filed simultaneously with the Secretary of Labor and with the Governor of the State in which such workers' firm is located. Information provided on the petition form will be used for the purposes of determining worker group eligibility, and providing notice to the general public that the petition has been filed and whether the worker group is eligible to apply for TAA Program benefits and services. A valid petition form, including attachments, is treated as a public document.

Amendments to active existing TAA certifications will be investigated based on the information provided by the petitioner(s) on the TAA petition form. If the petitioners would like the Department to consider whether an amendment to an existing certification is appropriate, the petitioners should include in the petition any information they would like considered and can include a statement that they believe that an amendment would be appropriate. Identifying a petition as an amendment request does not preclude or limit a full investigation of the petition.

Who May File a Petition?

- A group of two or more workers from the same firm; a union or other duly authorized representative of such workers; the firm(s) of such workers; American Job Center operators or partners, including State workforce officials, employment security agencies, or dislocated worker unit and rapid response team members.

How to File a Valid Petition:

- The following information must be completed for a petition to be considered valid: (1) the name and contact information for each petitioner; (2) the name of the firm employing the group of workers; (3) the address of the location(s) where the group of workers who have been totally or partially separated or threatened with separation report to work (for a remote worker, the address of the location to which they report); (4) the name and contact information of an official within the employer firm or an individual authorized to provide information regarding the operation of the workers' firm; (5) the article produced or service supplied by the workers' firm; (6) the actual or approximate date on which total or partial separations are threatened to occur or did occur; (7) the actual or estimated total number of workers who have been or may be separated; and (8) every petition shall be signed and dated by at least two individuals of the petitioning group, or by an official of a certified or recognized union or other duly authorized representative, or by a representative of one of the organizations listed in the Who May File a Petition section above. Required items are indicated on the Petition Form with an asterisk (*).

How to File a Petition with the U.S. Department of Labor:

There are three methods to file a petition with the Department. Please submit the petition using only one of the methods below; submitting the same petition using multiple methods will not speed the investigation process and may slow the process.

- The most effective way to file a Petition is to complete the Petition form online at https://www.etareports.doleta.gov/petition.
  ***FILING ONLINE IS STRONGLY ENCOURAGED*; OR**

- Fax the completed Petition form to (202) 693-3584, (202) 693-3585, (202) 693-3986; **OR**

- Mail the completed Petition form to:
  U.S. Department of Labor
  Office of Trade Adjustment Assistance
  200 Constitution Ave N.W., Room N-5428
  Washington, D.C. 20210

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To File with the State TAA Coordinator or the State Dislocated Worker Unit or State Workforce Agency (SWA):

- Use the contact information below to find the appropriate SWA filing address. If this Petition includes worker separations in different states, copies of this completed Petition Form must be filed with each state with worker separations.

Toll-Free Helpline: 1-877-US2-JOBS (TTY) 1-877-889-5627
Internet: https://www.doleta.gov/tradeact/contacts.cfm#State, OR
https://www.careeronestop.org/

For Filing Assistance:

- A worker may contact their local American Job Center or their State Dislocated Worker Unit or State Workforce Agency for assistance in preparing a Petition or to request submission of a petition on the workers' behalf. The contact information can be obtained using the telephone numbers or internet addresses provided above. For any questions about filing a Petition, a petitioner may also contact the Office of Trade Adjustment Assistance hotline number at (888) 365-6822.

To Check on Filing Status:

- To check the status of your petition, please visit: https://www.doleta.gov/tradeact/.

Public Burden Statement. Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 U.S.C. 2271). Public reporting burden for this collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and a potential review by a state official. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden of this collection, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).

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Section 1. Petitioner Information

Please provide petitioner information below. A company, state workforce, American Job Center, union or duly authorized official will generally complete all information in column 1 (Note: a union official completing this petition form should provide the name of the union.) Otherwise, two workers from the same firm completing this Petition Form must fill in both columns 2 and 3 (with the headings for Petitioning Worker 1 and 2).

		Authorized Petitioner	*Petitioning Worker 1*	*Petitioning Worker 2*
a)	Name*	Melissa King		
b)	Title	Virginia Trade Navigator		
c)	Street Address*	10304 Spotsylvania Avenue		
		Suite 100		
	City*	Fredericksburg		
	State, Zip Code*	VA, 22408-8602		
d)	Phone – Main*	(540) 322-5779		
e)	Phone – Alternate	(540) 809-7429		
f)	E-Mail	melissa.king@vec.virginia.gov		

g) Petitioner Type: (Please check one)

- ☐ Two Workers
- ☐ American Job Center
- ☐ Other Duly Authorized Representative
- ☐ Company Official
- ☐ Union Official
  Union Name: _____
- ☑ State Workforce Office

Section 2. Attestation 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 subsequently whether the worker group is determined to be eligible to apply for TAA benefits and services. Knowingly making a false statement of a material fact knowing it to be false or knowingly failing to disclose a material fact on this form is a Federal offense (19 U.S.C. § 2316). For the petition to be valid, the petitioner(s) listed in *Section 1 – Petitioner Information* must sign and date below, attesting to the fact that they are authorized to file a petition.

		Authorized Petitioner	*Petitioning Worker 1*	*Petitioning Worker 2*
a)	Signature*	/s/ Melissa King		
b)	Name (Print)*	Melissa King		
c)	Date of Petition*	12/16/2020		

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Section 3. Firm Employing the Group of Workers

Please provide information on the firm employing the group of workers on whose behalf the petition is being filed. Complete items (a) – (e) regarding the employing firm.

Employer Firm

a)	Name of Employer Firm*	Otcapharma Plasma
b)	U.S. Headquarters Street Address*	10644 Westlake Drive
	City*	Charlotte
	State*, Zip Code*	NC, 28273-3930
c)	Phone	980-308-9683
d)	Website	www.octapharmaplasma.com
e)	Describe the article produced or service supplied by this firm*	Human blood plasma

Section 4. Group of Workers

Please provide information on the location where the group of workers (who are filing the petition or on whose behalf the petition is being filed) report to work or physically work. Workers may apply only on behalf of workers at the same location at which both petitioning workers' are employed. A company official may apply on behalf of workers at any location at which the company employs a group of workers. A union may apply only on behalf of workers at a location where the union represents bargaining unit workers. A duly authorized representative may apply only on behalf of the workers at the same location at which the worker(s) who the petitioner represents are employed.

If you choose to file on behalf of a group of workers at more than one location, please attach additional sheets as necessary.

a)	Name of Firm*	Otcapharma Plasma
b)	Street Address*	366 Hillsdale Drive
	City*	Charlottesville
	State*, Zip Code*	VA, 22901-5735
c)	Phone*	(434) 992-4001
d)	How many workers have been or may be separated?*	16+
e)	When did worker separations occur or when are separations threatened to occur? (Estimated date may be listed if exact date is not known.)*	11/16/2020
f)	Work activities of the group of workers on whose behalf the petition is filed.*	Blood bank employees
g)	Indicate if and when the location has closed or will be closing.	No

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Section 5. Trade Effects of Separations*

1. To the best of your knowledge, please summarize below the reasons why you believe that foreign trade contributed importantly to worker separations that have occurred, may occur, or are threatened to occur at the workers' firm (identified within Sec. 4a and 4b) as articulated under Sec. 222 of the Act or summarize the reasons you are requesting to amend an existing and active certification. *(Examples: Articles or services have been/is being shifted to a foreign country; acquisition of articles or services from a foreign country; firm and/or customer imports of articles or services from a foreign country; loss of business with a firm that employed a worker group now determined to be eligible to apply for TAA; an affirmative finding by the International Trade Commission.)*

The import of human plasma has increased from 2018 to 2019 by over 50% and continues to increase in 2020 causing layoffs and decrease in work hours for American workers.

2. If you possess any additional information or documents that you believe may assist in the determination of whether the group of workers is eligible for TAA benefits, submit that information as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

☑ I have attached 41 (# of pages) of additional information or supporting documents.

Section 6. Company Contact Information

Provide contact information for one or more company officials, one of whom should be a supervisor of the group of workers or someone authorized to provide information regarding the group of workers' firm. (*Example: Legal counsel, bankruptcy trustee, etc.)*. Either separately or together, these officials should be familiar with the operations of the group of workers' firm.

		Official 1	Official 2
a)	Name of Official*	Tamara Harris	
b)	Title of Official*	Senior Human Resources Business Partne	
c)	Official's Firm Name	Octapharma Plasma	
d)	Address*	REDACTED	
e)	Phone – Main*	REDACTED	
f)	Phone – Alternate		
g)	Fax		
h)	E-mail	REDACTED	