



Application to Participate in the Trade Adjustment Assistance Program

The Trade Adjustment Assistance (TAA) Program provides certain benefits and services to workers who have lost their jobs due to foreign imports. Please help us determine your eligibility by completing Parts I, II and III of this application.

Part I. Qualifying Information

Petition number:		Career Center:	
Certification Date:	Impact Date:	Expiration or Termination Date:	Separation Date:
State of Separation:	Reason for Separation:	Type of Separation: Full <input type="radio"/> other: <input type="radio"/>	Incumbent worker: Yes <input type="radio"/> No <input type="radio"/>

Part II. Client Qualifying Information

Client's Name (Last, first, middle):	MOSES applicant ID number:
Address (number, street, city or county, state, zip code):	Home Telephone number:
Name of Company:	Address of Company (number, street, city, state, zip code):
Dates of Employment: From: To:	Occupation:

Part III. Signatures

Signature of Client:	Date:
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Determination of Eligibility to Participate in the TAA Program (to be completed by DUA)

A. ☐ You are ENTITLED to participate in the Trade Adjustment Assistance Program based on your:
☐ Total ☐ Partial ☐ Threatened ☐ Separation of _____

B. ☐ You are NOT ENTITLED to participate in the Trade Adjustment Assistance Program because:

<input type="radio"/> Your separation occurred before the certification impact date	<input type="radio"/> You do not have a partial separation because:
<input type="radio"/> Your separation was for other than lack of work	<input type="radio"/> You worked too many hours
<input type="radio"/> Your employment is not certified under this petition	<input type="radio"/> You earned too much money.
<input type="radio"/> Your separation occurred on or after the termination or expiration date of the certification	<input type="radio"/> You may file a claim for any subsequent week that you worked _____ hours, or less; and earned \$_____, or less.
	<input type="radio"/> Other _____

Signature of TRA Representative:	Title:	Date Signed:
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YOU MAY REQUEST A HEARING ON THIS DETERMINATION.

Please include a copy of this form in the client's file at the Career Center.
An equal opportunity employer/program, auxiliary aids and services are available upon request to individuals with Disabilities.
TDD/TTY 1-800-439-2370 Voice 1-800-439-0183