

STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY
TRADE PROGRAM UNIT
107 E. MADISON STREET, CALDWELL BLDG.
TALLAHASSEE, FL 32399



**REQUEST FOR DETERMINATION OF ENTITLEMENT TO TRADE
READJUSTMENT ALLOWANCE (TRA)**

Trade Act of 1974 as amended 2002, 2009, 2011, Reversion
2014 and TAARA 2015

FOR OFFICE USE ONLY

Petition #:	Certification Date:
Impact Date:	Expiration Date:

STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974 FOR THE TRADE ACT OF 1974 PROGRAM AMENDED

Information requested for use by the Department of Economic Opportunity and the U.S. Department of Labor is authorized under Sec. 231 of the Trade Act of 1974, as amended 2001, and Section 806 of the Social Security Act (42 U.S.C. 1106). All information furnished (including Social Security Account Number) is voluntary and will be confidential except to the extent that release of all such information is authorized in the processing of this application and will not be released or used for any purpose other than establishing entitlement to benefits and allowances under the Trade Act Program, for reporting purposes, to insure that benefits and allowances have been paid properly, and for statistical and research studies.

WORKER'S NAME (Last, First, Middle)	SOCIAL SECURITY NO. (last four digits)
ADDRESS (No., Street, City, County, State, Zip Code)	TELEPHONE NUMBER
	LAST OCCUPATION WITH TRADE-AFFECTED EMPLOYER:

A. SEPARATION AND WAGE INFORMATION FOR FOREIGN TRADE-AFFECTED EMPLOYMENT
(To be completed by worker only for the 52 calendar weeks prior to the week of separation/permanent layoff.)

A1. NAME OF FIRM	A2. ADDRESS OF FIRM (No. No., Street, City, County, State, Zip Code)		
DATE OF HIRE WITH TRADE-AFFECTED EMPLOYER:	<i>A3* - (if over 1yr., indicate "more than 52 weeks below")</i>		
	A3. Number of Weeks earned \$30 or more	A4. Last Day Worked	A5. Official Layoff Date

B1. TOTAL GROSS EARNINGS FROM TRADE-AFFECTED EMPLOYER THE YEAR OF YOUR SEPARATION (year-to-date) \$ From: To:	B2. TYPE OF SPEARATION Permanent <input type="radio"/> Partial <input type="radio"/> Temporary <input type="radio"/>	B3. REASON FOR SEPARATION Lack of Work <input type="radio"/> Other (specify) <input type="radio"/>
--	---	---

B4. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN.

B5. List your employment other than the trade-affected employer for the last year and six months. Start with your last employer.

BEGINNING AND END DATES OF EMPLOYMENT	NAMES OF EMPLOYERS	TOTAL GROSS WAGES PAID
From: To:		\$
From: To:		\$
From: To:		\$
From: To:		\$

C. OTHER QUALIFYING INFORMATION (To be completed by worker by checking appropriate boxes. All "YES" answers must be explained.)						
1. Did you work for any other employer after the employment shown in Section A (Trade-Affected Employer)? If YES, please complete 1.a, 1.b, 1.c, 1.d, 1.e and 1.f below					Yes <input type="radio"/>	No <input type="radio"/>
1.a EMPLOYER'S NAME			1.b ADDRESS (No., Street, City, State, Zip Code)			
1.c CURRENTLY EMPLOYED?	Yes <input type="radio"/>	No <input type="radio"/>	1.d DATE OF HIRE	1.e DATE OF SEPARATION	1.f REASON FOR SEPARATION	
2. Have you filed a request for a determination of entitlement to TRA prior to this application? If YES, please complete 2.a, 2.b below.					Yes <input type="radio"/>	No <input type="radio"/>
2.a STATE IN WHICH FILED			2.b DATE FILED			
3. Do you have entitlement to Reemployment Assistance (RA) benefits in the benefit year of your most recent RA claim? If YES, please complete 3.a below.					Yes <input type="radio"/>	No <input type="radio"/>
3.a PAYING STATE						
4. Have you received RA benefits or TRA since the employment in Section A? If YES, please complete 4.a and 4.b below.					Yes <input type="radio"/>	No <input type="radio"/>
4.a STATE IN WHICH FILED			4.b DATE FILED			
5. Since the employment shown in Section A, have you refused to accept referral to, or have you failed to report to a referred training program, or been terminated from any training program? If YES, please complete 5.a, 5.b below					Yes <input type="radio"/>	No <input type="radio"/>
5.a STATE IN WHICH OCCURRED			5.b NAME OF THE PROGRAM			
6. Are you receiving any training? If YES, please complete 6.a, 6.b below					Yes <input type="radio"/>	No <input type="radio"/>
6.a STATE IN WHICH OCCURRED			6.b NAME OF THE APPROVED TRAINING PROGRAM			
D. WORKER CERTIFICATION I give this information to support my request for a determination of entitlement to TRA. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.						
SIGNATURE OF WORKER					DATE OF THIS REQUEST	
FOR OFFICE USE						
Paying State is _____ based upon:						
STATE OF SEPARATION _____ STATE OF RA ENTITLEMENT _____						
Signature of Central Office State Agency Representative					Date	