



DEPARTMENT of ECONOMIC OPPORTUNITY (DEO)

REEMPLOYMENT AND EMERGENCY ASSISTANCE COORDINATION TEAM (REACT)
ON-SITE RAPID RESPONSE VISIT REPORT TO ASSESS PRIMARY AND SECONDARY TRADE IMPACT
Attachment #1

PRIMARY IMPACTED COMPANY

a. Are job losses due to your company:

(If any of the items listed in section a apply, please complete Petition for Trade Adjustment Assistance for primary company)

b. Identify the country (ies) affecting production:

Nation _____ Nation _____ Nation _____
Nation _____ Nation _____ Nation _____

INFORMATION TO ASSESS SECONDARY IMPACTED COMPANY

a. Do you believe that a group of workers from a supplier, assembler or finisher of products will lose their jobs? Yes [] No []

b. Company Name: _____
Street Address: _____
City: _____ County: _____ State: FL Zip Code: _____
Contact Person _____ Telephone # _____

c. Identify the relationship of the secondary firm:

- Upstream Producer - Supply components/unfinished or semi-finished goods to the primary firm.
1) Did the secondary company supply at least 20% of its production or sales to the primary firm? Yes [] No []
2) Did the loss of business from the primary company contribute importantly to job loss at the secondary company? Yes [] No []
Downstream Producer - Assemble or finish products made by the primary firm.
1) Was the primary company's certification based on imports or a shift in production to Canada or Mexico? Yes [] No []

(If any of the items listed in section c apply, please contact secondary firm to complete Petition form for secondary company)

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