

**TRADE ADJUSTMENT ASSISTANCE (TAA)  
COMPLETION OF TRAINING VERIFICATION**

**Name:** \_\_\_\_\_  
**SSN:** \_\_\_\_-\_\_\_\_-\_\_\_\_\_

**Petition: #** \_\_\_\_\_  
**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verification by Training Institution or Facility**

The above-named worker has completed approved training sponsored by the Trade Adjustment Assistance Program.

Name of Training Institution or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Training Completed: \_\_\_\_\_

Beginning Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Signature of authorized agent for training institution or facility** \_\_\_\_\_ **Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Name of Agent (Printed)**

\_\_\_\_\_  
**Title of Agent (Printed)**

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Phone Number**

If applicable, please mail the completed form along with the final bill or invoice to:

\_\_\_\_\_  
**Name of Local One-Stop Career Center**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Signature of Local One-Stop Center Representative**

\_\_\_\_\_  
**Name of Local One-Stop Center Representative (Printed)**

**Privacy Act Statement**

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.