

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342

Expires: 11/30/2008



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

Information in all sections should be printed or typed.

Section 1. Petitioner Information

1. Provide petitioner information below. Workers completing this Petition Form must fill in all three columns. Other petitioners must fill in at least the Petitioner 1 column.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	Cindy Tanner		
b) Title	Office Manager		
c) Street Address	110 Willow St.		
City	Springport		
State, Zip	Michigan 49284		
d) Phone - Main	517-857-2277		
e) Phone - Alternate			
f) Email	cindy@sigmawire.com		
g) Worker Separation Date	05/15/08		
h) Petitioner Type: (please check one)	Three Workers <input type="checkbox"/> State Workforce Office <input type="checkbox"/>	Company Official <input checked="" type="checkbox"/> One-Stop Operator/Partner <input type="checkbox"/>	Union Official <input type="checkbox"/> Other Authorized Representative <input type="checkbox"/>

Section 2. Workers' Firm/Subdivision Information

2. Provide information on the firm or appropriate subdivision employing the worker group. Workers completing this petition should provide information for the subdivision/location where they work. All other petitioner types may apply on behalf of more than one subdivision; if you choose to do so, attach additional sheets as necessary.

a) Name of Firm/Subdivision	Sigma Industries, Inc.
b) Street Address	110 Willow St.
City	Springport
State, Zip	MI 49284
c) Phone	517-857-2277
d) Website (if appropriate)	www.sigmawire.com
e) Federal Employer Identification Number (if known)	38-2276549
f) What (if any) articles are produced at subject firm? If none are produced, what do workers do?	wire mesh products, i.e. containers
g) How many workers have been or will be laid off?	15
h) Is the plant closing? yes	If yes, when? approximately 5/30/08

3. Provide contact information for two knowledgeable officials familiar with the trade effects at each firm/subdivision.

	Firm/Subdivision Official 1	Firm/Subdivision Official 2 (if known)
a) Name	Stanley Jurasek	Cindy Tanner
b) Title	President	Office Manager
c) Phone - Work	517-857-2277	517-857-2277
d) Phone - Alternate	517-857-3010	517-857-3010
e) Fax	517-857-3292	517-857-3292
Email	stan@sigmawire.com	cindy@sigmawire.com

4. Is the worker group (check the boxes that apply):

- a) ☒ Employed by a firm/subdivision that produces an article(s)
b) ☐ Contracted to perform work for a firm/subdivision that produces an article(s)

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Section 3. Trade Effects

5. In your opinion, does the worker group work at a firm or subdivision that has: (check appropriate box(es) below)

- a) ☐ Increased imports of like or directly competitive article(s) from a foreign country(s)
☐ Shifted production of the article(s) to a foreign country(s)
☒ Customers that have increased imports from a foreign country(s)
- b) ☐ Supplied component parts for articles produced by a firm with a currently TAA certified worker group
- c) ☐ Assembled or finished articles provided by a firm with a currently TAA certified worker group

6. If you checked Question 5(b) or 5(c) above, provide the following information for the firm with a currently TAA certified worker group:

- a) Firm Name _____
- b) Street Address _____
- City _____
- State, Zip _____
- c) Phone _____
- d) Article(s) Produced _____
- e) Certification Number and Date (If known) _____

7. Provide the reasons why you believe the worker group is eligible for TAA and ATAA certification, in the space below. Submit any available information or evidence that shows that the worker group is eligible as an attachment to the petition form.

Some domestic manufacturers as well as several importers are bringing in finished product from offshore at below our manufacturing cost.

The most popular sizes comprised approximately 80% of our volume before the imports started. There is not enough "other" volume available to make continuing our operations feasible.

8. Check the box below if you have attached any additional information or supporting documents.

☐ I have attached additional information or supporting documents.

Section 4. Affirmation 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 whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). Each of the petitioners listed in Question 1 must sign below and the petition must be dated in order to be valid. By signing below, you agree to the following statement:

"Under penalty of law, I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

- a) Signature Cindy Tanner
- b) Name (Print) Cindy Tanner
- c) Date of Petition 04/30/08

The petition will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12800, and 29 CFR Part 70, upon written request to the Department of Labor.