STATE RAPID RESPONSE PROGRAM
ON-SITE RAPID RESPONSE VISIT REPORT TO ASSESS PRIMARY AND SECONDARY TRADE IMPACT

PRIMARY IMPACTED COMPANY

a. Are job losses due to your company:

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

b. Identify the country (ies) affecting production:

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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An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.