



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 _____ 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)