

State of Washington  
Employment Security Department  
**REQUEST FOR  
TRADE ACT DETERMINATION**  
Trade Act of 1974, as amended

Redetermination

Amendment

Petition Number <b>86001</b>	Date Company Certified <b>8/6/2015</b>
Impact Date <b>6/13/2015</b>	Expiration Date <b>8/6/2017</b>
<u>Social Security Number</u>	Service Location (WorkSource office where you will receive services?)

Worker's Name (Last, First, Initial)	
Mailing Address (Street No. or PO Box, City, State, Zip Code)	Occupation
	Telephone Number

**WAGE AND SEPARATION INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT**

1. Name of Trade Certified Company: <b>The Boeing Company</b>	2. Dates of employment: From: _____ To: _____	3. Reason for Separation (check one) <input type="checkbox"/> Lack of Work <input type="checkbox"/> Notice of Separation (attach notice) <input type="checkbox"/> Other _____ (Please explain)
4. Have you worked for any other employer after employment shown above? If yes: Employer Name: _____  Are you still employed with this employer?		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently receiving any training? If yes: Training Site: _____ Funding Source: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Since your separation, have you applied for unemployment insurance benefits from any state? If yes: State paying benefits? <input type="checkbox"/> Washington <input type="checkbox"/> Oregon <input type="checkbox"/> Idaho <input type="checkbox"/> Other (specify) _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you attend a Rapid Response Event? A rapid response event is when you've attended a meeting that provided you information regarding your Unemployment Insurance, Basic Health, Trade Act, and other programs that may be offered through your local WorkSource office.		Yes <input type="checkbox"/> No <input type="checkbox"/>

**DEADLINES FOR TRADE READJUSTMENT ALLOWANCE (TRA)**

I understand that to be eligible for TRA benefits (an extension of Unemployment Insurance benefits under Trade Act) I am responsible to be enrolled and meet with a Trade Adjustment Assistance (TAA) case manager to review my eligibility for enrollment in TAA approved training or receive a waiver of the training requirement.

I certify that all statements made on this document are true and complete to the best of my knowledge and belief. I have been advised about the TRA training enrollment deadline, as described in the section above. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

Signature of Worker	Date of This Request
---------------------	----------------------

**Please complete this request for determination and bring it with you to a Trade Act information session, give it to a Trade Act Counselor, fax or mail it to the address below.**

Address: **Employment Security Department  
TRA Unit  
PO Box 9046  
Olympia, WA 98507**

Fax: **855-623-9367**  
Scan & Email: **uitra@esd.wa.gov**

For questions regarding eligibility determinations or this form call: **888-317-0480**

**STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974  
FOR THE TRADE ACT OF 1974 PROGRAM, AMENDED**

Information requested for use by the State Agency and the U.S. Department of Labor is authorized under Section 231 of the Trade Act of 1974, as amended and section 806 of the Social Security Act (42 U.S.C. 1106). All information furnished (including Social Security Account Number) is voluntary and will be confidential except to the extent that release of all such information is authorized in the processing of this application and will not be released or used for any purpose other than for establishing entitlement to benefits and allowances under the Trade Act Program for statistical and research studies and to insure that benefits and allowance have been paid properly.