



TEXAS WORKFORCE COMMISSION TRADE READJUSTMENT ALLOWANCE APPLICATION

Use this form to apply for Trade Readjustment Allowance (TRA).

Return the completed application to:

MAIL

Texas Workforce Commission
101 E. 15th Street, Room 354
Austin, Texas 78778

FAX

(512) 936-3250

TWC Use Only – Date Received: _____ IC Date: _____

Section 1- Personal Information		
1. Social Security Number:		
2. First Name:	3. Middle initial:	4. Last Name:
5. Mailing Address:		
6. City:	7. State:	8. ZIP code:
9. Telephone Number (include area code):		
Section 2- Trade-Affected Employer Information		
10. Petition Number: (if known)		
11. Company Name:		
12. Employer Address:		
13. City:	14. State:	15. ZIP code:
16. Telephone Number (include area code):		17. Fax Number (include area code):
18. Job Title:		
19. First Day Worked: (mm/dd/yy)		20. Last Physical Day Worked: (mm/dd/yy)
21. Job Separation Reason (check one): <input type="checkbox"/> Permanent Lack of Work <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Temporary Lack of Work-(enter Return to Work Date) mm/dd/yy: <input type="checkbox"/> Labor Dispute (Strike/Lockout)		
22. Work Location:		23. Subdivision or Department:
24. During the 52 weeks (one year) prior to your separation from the trade-affected employer, were you on workers' compensation, disability, employer-approved vacation or leave, or did you serve in the military or as a labor representative for the trade-affected employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," specify the type and date payment received or service performed: From (mm/dd/yy): _____ to (mm/dd/yy): _____		
25. Are you interested in training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," specify the type of training. (What new skills are you interested in learning?):		
I have answered these questions for the purpose of obtaining a determination of eligibility for Trade Adjustment Assistance. I understand the law prescribes penalties if I make false statements or if I willfully fail to disclose material facts to obtain or increase my unemployment benefits. I certify I am the person named above and information I furnished on this form is correct to the best of my knowledge and belief. I understand Section 1137 of the Social Security Act provides all information pertaining to my claim for Unemployment Insurance may only be given to other agencies upon request. In other instances, information I provide will be confidential and TWC will protect this confidentiality.		
26. Signature:		27. Date Completed: