

Application for Completion Trade Readjustment Allowances
Trade Act of 1974, as Amended



Section A

To be completed by the claimant.

Name (Last, First, MI)	Social Security Number	Phone Number
Mailing Address		Email Address

A I understand that I am making a request for Completion TRA benefits. I believe that I am eligible to receive these benefits because.....

CLAIMANT CERTIFICATION

I give this information to support my request for a determination of entitlement to Completion Trade Readjustment Allowances. Under penalty of fraud, I certify that the information contained in this request is complete and accurate to the best of my knowledge.

SIGNATURE OF CLAIMANT

DATE

Section B

To be completed by OET Local Area Staff.

Petition Number	BYE Date of TRA Claim	First Week of Completion TRA Requested
Name and Location of Training Facility		Expected Training Completion Date (Must Match EKOS)

Has the customer met all established benchmarks? Yes No

If No, please explain:

B Based on the information available, can the customer complete by the expected training completion date? Yes No

If No, please explain:

The following documents have been attached as supporting documentation (check all that apply):

- Copies of all TAA/TRA 858C's submitted throughout the training program
- Copy of course degree audit or letter from school official with completion date
- Copy of Current Class Schedule
- First Completion TRA Pay Order Card
- Other:

OET Case Manager Printed Name	OET Case Manager Signature	Date
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FOR CENTRAL OFFICE USE ONLY

TRAINING COMPLETION DATE	FIRST COMPLETION TRA WEEK REQUESTED	20-WEEK DATE
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- THE CUSTOMER MET ALL THE BENCHMARKING REQUIREMENTS
- THE CUSTOMER MET THE 20 WEEK COMPLETION REQUIREMENT

TRA COORDINATOR SIGNATURE	THE REQUEST FOR COMPLETION TRA IS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> DETERMINATION ISSUED:
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