

STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE

INITIAL APPLICATION

Claimant Name	Claimant Social Security Number	TAA Petition Number
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I understand that the following conditions must be met at the time of reemployment in order to be eligible for Reemployment Trade Adjustment Assistance:

I must:

- Be at least age 50 at the time of reemployment.
- Not be expected to earn more than \$55,000 annually in gross wages (excluding overtime pay) from reemployment.
- Not return to work to the firm or appropriate subdivision from which I was separated.
- Be reemployed
 - a. Full-time; or
 - b. Less than full-time, but at least 20 hours per week, and be enrolled in a full-time TAA-approved training program

Further, I understand that the following are limits on the amount of RTAA that I may receive:

- The eligibility period for payments is a period of up to two years beginning the earlier of exhaustion of UI or the date of reemployment
 - a. If I have already received TRA, the two year period is reduced by the number of weeks of TRA I received.
- The total amount of payments cannot exceed \$12,000
 - a. If I have already received TRA, the \$12,000 maximum is reduced proportionately.

Additionally, I understand the following restrictions:

- I must file the initial application for RTAA within the two year eligibility period described above.
- Once I have received an RTAA payment, I am no longer eligible to receive TRA benefits.

Claimant Signature		Date
One Stop Representative Signature	Location:	Date

Note: This document cannot be appealed.

I. Claimant Information

Claimant Name	Social Security Number	Date Of Birth	
Claimant Phone Number	Claimant E-mail		
Claimant Mailing Address	City	State	Zip Code

II. Trade Impacted Employment Data

Trade Certified Employer	Last Day of Work		
Hourly Wage	Hours Per Week	Weekly Wage	

III. Reemployment Data

I am reemployed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	New Company Name		
New Employer Address	City	State	Zip Code
New Hourly Wage	New Number of Hours Per Week	New Weekly Earnings	
New Employment Start Date	Beginning Date of First Full Week		
I attend full time TAA-approved training <input type="checkbox"/> Yes <input type="checkbox"/> No			

* For additional employers, please list and attach on a separate sheet.

Please submit the following supporting documents with this application:

- a. Copy of driver's license or birth certificate
- b. Copy of last pay stub from trade-certified employer
- c. Copies of all pay stubs from the new employer(s)

Submit to: ATAA Unit, PO Box 1316, Salisbury MD 21802-1316

IV. Signatures

Claimant Signature	Date	
One Stop Representative Signature	Date	
TAA Unit Representative Signature	Date	
TRA Coordinator Signature	Date Received	Date Entered