



**Petition for Trade Adjustment Assistance (TAA) and  
Alternative Trade Adjustment Assistance (ATAA)**

85187

**Section 1. Petitioner Information**

Provide petitioner information below. Three workers from the same firm completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	Frank J. DiCesare		
b) Title	Sr. Director of Human Resources		
c) Street Address	7800 Walton Parkway		
City	New Albany		
State, Zip	Ohio 43054		
d) Phone – Main	614-289-5168		
e) Phone – Alternate			
f) E-mail	Frank.dicesare@cvgrp.com		
g) Worker Separation Date	Initial expected June 2014		
h) Petitioner Type: (please check one)	Three Workers <input type="checkbox"/> State Workforce Office <input type="checkbox"/>	Company Official X <input checked="" type="checkbox"/> American Job Center <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____) Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	Production, Production Support, Administration and Management Personnel		

**Section 2. Workers' Firm**

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) – (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and American Job Centers may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm	Commercial Vehicle Group, Inc.
b) Street Address	7800 Walton Parkway
City	New Albany
State, Zip	Ohio 43054
c) Phone	614-289-5168
d) Website (if known)	www.cvgrp.com
e) Describe the article produced by this firm	Commercial Vehicle Parts
f) How many workers have been or may be separated (if known)?	80 at the location below
g) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes, expected by December 31, 2014

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	CVG Oregon LLC, a subsidiary of Commercial Vehicle Group, Inc.
i) Street Address	8005 SW Hunziker St.
City	Tigard
State, Zip	Oregon, 97223
j) Phone	503-670-8830
k) Describe the article produced by this firm	Interior trim components such as instrument panels and storage cabinets used in large commercial vehicles.
l) How many workers have been or may be separated (if known)?	80
m) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes, expected by December 31, 2014



### Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

#### Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, increased imports of articles, loss of business with a TAA-certified firm.)

The product is being shifted to other Company locations closer to customers in North America. 50% of which to Saltillo, Mexico. This plant supplies the DTNA truck plant. Their production has shifted to Mexico. See Petition Number 82479 attached. The Company has also closed a plant in Vancouver, WA like reasons see TAA Petition Number 65656 Decision attached

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

Official 1

Official 2

a) Name

Frank J. DiCesare

Donna Cronin

b) Title

Sr. Director of Human Resources

Human Resources Manager

c) Phone - Main

REDACTION

d) Phone - Alternate

e) Fax

f) E-mail

#### Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature

b) Name (Print)

Frank J. DiCesare

c) Date of Petition

March 29, 2014