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| **Subcontractor and Supplier Utilization Plan EXHIBIT 1A** |
| **Prime Contractor/Supplier Name:**   | **PG&E Contract # (if any):** |   | **Contract Duration** | **From:** |   | **To:** |   |
| **Employer Identification # (EIN):**   | **Total Bid/Contract Value:** |   | **Total Amount to be Self Performed:** |   |
| **PG&E Project/Product:**  |   | **Is Prime Contractor/Supplier CPUC Clearinghouse Certified?** | **Yes**  | **No**  | **VON #:**  |
| **Name of Preparer:** |   | **Is Prime Contractor/Supplier a Registered Small Busin****ess Certified?** | **Yes**  | **No**  | **Small Business #:**  |
| **Preparer E-Mail:**  |   | **Estimated Amount to be Paid to all Subcontractors (Subs) and Suppliers ($):** (for the duration of the contract) |
| **Preparer Contact Phone:** |   | **Subs and Suppliers:** |   | **Small Businesses:** |   | **CPUC Certified Businesses:** |   |

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| **(1)****Tier Level** | **(2)****Name of Subcontractors (s) and Supplier (s)** | **(3)****Emergency Point of Contact / Phone #** | **(4)****Contractor’s License #** / **Motor Carrier Permit**  | **(5)****Description of Work to be Performed or Major Materials to be Supplied**  | **(6)****Is Excavation to be Performed** | **(7)****DPI Status** | **(8)****Risk Level** | **(9)****ISN ID# and/or PG&E Qualified Vendor #** | **(10)****Union Signatory** |
| **License/Permit Type** | **License/Permit #** | **Expiration Date** | **Special Permit Required** |
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| The information provided on this form may form the basis of a Statement of Record, against which PG&E may conduct an audit or review to ensure compliance. Indicate All Subcontractor(s) and Supplier(s) of any tier prior to performing Work on designated project. Submit Exhibit 1A to best demonstrate your plan for the indicated services.In the event of a change in planned Subcontractor(s) or Supplier(s) of any tier, submit a revised Exhibit 1A prior to performing the Work via the method outlined in the contract or work authorization.Refer to Exhibit 1 for additional instructions on completing this form.Please include additional sheets as needed.  |
| (11) **Signature**  |  | **Date** |  | **Rev. #:** |  |

**I hereby certify that the information listed is true to the best of my knowledge.**