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| **contractor’s SDVOB utilization plan Comments** | Contract No.: |  |
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| Contractor’s Name, Address and Federal ID No.: | | | Contract Description: *(Project Title, Facility Name and Address)* | |
| Federal ID No.: |  | |  | |
|  | | | | |
| OGS Comments: | | | | |
| OGS Authorized Signature: | | Enter Name: | | Date: |