

No: 2026-904961

ANNUAL PERMIT

Permit Issued To

MGE Underground Inc
 Attn: Safety Mgr or Ryan Smith
 PO Box 4189
 Paso Robles CA 93447-4189

(805) 238-3510

No. _____
 Date 2/25/2026
 Region 4
 District 7
 Tel. (661) 588-6400

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		765025		Permit Valid through		February 25, 2027	
Description of Project		Location Address		City and County		Anticipated Dates	
Various Conditions of Issuance:		Statewide				Starting Completion	
						Feb 25, 2026 Feb 25, 2027	

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From		Received By	
Ryan Smith		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 019863	\$100.00	1/22/26	

Investigated by _____ Date _____
 Safety Engineer
 Approved by [Signature] Date 1/29/2026
 District Manager/Permit Unit

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF OCCUPATIONAL SAFETY & HEALTH
Office of the Deputy Chief2 MacArthur Pl., Ste 710
Santa Ana, CA 92707
DDoshInfo@dir.ca.govADDRESS REPLY TO:
2 MacArthur Pl., Ste 710
Santa Ana, CA 92707

Dear Annual Permit Holder:

Your Annual Activity Permit is enclosed. It will be effective from the issue date and expire one year later. You will receive renewal information 30 to 45 days before the expiration date.

Please keep note of your permit's expiration date as there is only a one month grace period to renew. Once it has passed, you are required to schedule a conference meeting with the District Office nearest you to renew your permit.

If you do not receive a renewal letter 30 to 45 days before the expiration date, please contact me at DDoshInfo@dir.ca.gov. Please let us know of any changes to your address or telephone number.

In accordance with California Code of Regulations section 341.1(h)(2)(B), *'The permit holder shall notify the Division district office that has jurisdiction over the site of the project at least 24 hours prior (emphasis added) to the activity which is the subject of the notification...'*

To facilitate the notification process, please complete the enclosed Activity Notification Form and fax or mail it to the District Office nearest to the proposed work activity.

Please make as many copies of the form as you need. You may also download the form from our website, <https://www.dir.ca.gov/DOSHPol/forms/cosh41-3.pdf>.

You can locate the district office that has jurisdiction over the site of the project by entering the job site's zip code or city in the link below.

<https://www.dir.ca.gov/asp/DoshzipSearch.html>

If you have any questions about the activity notification process, please call your local Cal/OSHA District Office by searching in the link above.

Sincerely,

Permit Unit
DDoshInfo@dir.ca.gov

enc. Activity Notification Form for Holders of Annual Permits (Cal/OSHA 41-3)

**ACTIVITY NOTIFICATION FORM
FOR HOLDERS OF ANNUAL PERMITS**

Buildings/Structures, Scaffolding/Falsework, Demolition, Trenches/Excavations

THIS FORM **SHALL** BE FAXED TO THE NEAREST DOSH OFFICE TO COMPLY WITH THE 8 CCR 341.1(h).
PLEASE **DO NOT** MAIL DUPLICATE NOTIFICATION AS A FOLLOW-UP TO FAX NOTIFICATION.

FAX DATA: FAXED TO _____ DOSH DISTRICT OFFICE ON _____

DOSH FAX NO. _____ BY _____

Company Name: _____ Field Phone: _____

Annual Permit Number: _____ Office Phone: _____

Issuing Region: _____ Issuing District: _____

Specific Activity Location: _____ Number of Employees: _____

Nearest Major Cross Street: _____ Starting Date: _____

City: _____ Anticipated Completion Date: _____

County: _____ High Voltage Lines in Proximity? Yes No

Is this a public works project? Yes No

INSTRUCTIONS: The appropriate item(s) must be completed and signed by a person knowledgeable about the project for each activity covered by a permit. Please fill in or check off the blanks where appropriate.

Construction: Building _____ Structure _____ **Type:** Steel Frame _____ Tiered _____ Concrete _____ Tilt-up _____

Wood Frame _____ Curtain Wall _____ Precast _____ Slip Form _____ Depth _____ Height _____

Description: _____

Scaffolding: Height _____ Metal _____ Wood _____ Wood over 60 Feet _____ Metal over 125 Feet _____

Metal >125 Feet or Wood >60 Feet requires design by California Registered Civil Engineer & Plans at Site. (See 8 CCR 1644(c) (7))

Description: _____

Falsework/Vertical Shoring: Maximum Height _____ Maximum Span _____ Material _____

Description: _____

(See 8 CCR 1717)

Demolition of: Building _____ Structure _____ **Height** _____ **No. of Stories** _____ **Type:** Steel Frame _____

Wood Frame _____ Concrete _____ Demolition Ball _____ Clam _____ Explosives _____

Loader/Tractors _____ Other _____