



Application for Mentor-Protégé Program
(for Potential Protégé only)

Business Name: _____

Address: _____

Phone: _____

President: _____

Type of Business: _____

Professional References:	Name:	Phone:
1		
2		
3		

1. Please list three specific goals that your firm would like to gain from participating in the program?

2. Please list three items that your firm brings to the relationship?

3. Do you have an interest in a partner firm or technical specialty?

4. Is your firm currently DBE, WBE, DVBE, or SBE certified*? Yes No
If available, provide proof of current certification.

5. If not, are you planning to be DBE certified? Yes No

6. Has your firm worked with any of the following agencies?

a. Caltrans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. SANDAG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Local Agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Other governmental agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. How long has your firm been in business? _____ yrs

8. What is your average annual revenue for the past three years?

2004 _____

2005 _____

2006 _____

9. Does your firm meet the criteria to qualify for California Small Business certification? Yes No

--- Upon completion, please file this document with ---
America Hernandez, Caltrans District 11 at 4050 Taylor Street, San Diego, CA 92110, email: america_hernandez@dot.ca.gov



* Not required to participate in the program.