



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

Business Name:
Address:
Phone:
Contact Person: Phone Number:
E-Mail Address:
Type of Business:

Non-Caltrans Professional References:

Table with 6 columns: Name, Firm Name, Phone, Prime, Sub, Client/Owner. Each row contains checkboxes for Yes/No.

- 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. Please list the firm's San Diego/Imperial County office location and approximate number of staff
4. Describe the qualities you are seeking from the protégé firm. Do you prefer a protégé that performs similar types of work as your firm, or different? Please name any specific protégé firm(s) desired.
5. Has your firm worked with any of the following agencies?
6. How long has your firm been in business? Years

--- Upon completion, please file this document with ---
Consultant Services Unit, Caltrans District 11 at 4050 Taylor Street, San Diego, CA 92110, MS 124 or at D11.Consultant.Services@dot.ca.gov

