



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

Business Name:
Address:
Phone:
Contact Person:
E-Mail Address:
Type of Business:
(Top 3 Business Areas)

Table with 2 columns: Name, Phone. Rows for Professional References 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. Please list your firm's San Diego/Imperial County office location and approximate number of staff
4. Describe the qualities you are seeking from the mentor firm. Do you prefer a mentor that performs similar types of work as your firm, or different? Please name any specific mentor firm(s) desired.
5. Is your firm currently certified as a DBE, DVBE, or SB?
6. If not, are you planning to become certified?
7. Has your firm worked with any of the following agencies?
8. How long has your firm been in business (min. 1 year at start of program)?
9. What is your average annual revenue for the past three years?
10. Does your firm meet the criteria to qualify for California Small Business certification?

--- Upon completion, please file this document with ---
Consultant Services Unit, Caltrans District 11 at 4050 Taylor Street, San Diego, CA 92110, MS124 or at D11.Consultant.Services@dot.ca.gov

