

Mentor Application

Business Name			
Contact			
Address			
Phone			
Email			
Type of A&E Services			
Please list specific areas in w	which your firm would be wil	ling to mentor.	
Please indicate the number of	of protégés you are willing to	mentor:	
How much time can you commit per protégé?		per month	
Has your firm worked with a	any of the following agencies?	?	
a. Caltrans		□Yes	□ No
b. Metro / OCTA / RCTC / SANBAG / VCTC		☐ Yes	□ No
c. Local Agencies		☐ Yes	□ No
d. Other Governmental Agencies		☐ Yes	□ No
Describe previous experience	e in mentoring with any of th	ne above listed agenc	ies.
Please attach a brief summa	ry of your company profile a	nd submit completed	application to:
Department of Transportati	on – District 7, 8 & 12		
Email to: d7.ppm.consultan	t.services.unit@dot.ca.gov		
Or mail to:			
Department of Transportati Division of Program & Proje Office of Consultant Services Attn: Terrie Parker or Cathe	ct Management s, MS-2 rine Zepeda		