



Protégé Application

Business Name	
Contact	
Address	
Phone	
Email	
Type of A&E Services	

List Professional References:

Name / Organization	Telephone	Email

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. Current certifications: (Check all applicable. Show certification number.)

☐ SBE _____ ☐ UDBE _____ ☐ DBE _____ ☐ DVBE _____

4. If not currently certified, are you planning to be SBE certified? ☐ Yes ☐ No

5. Has your firm worked with any of the following agencies

- | | | |
|--|------------------------------|-----------------------------|
| a. Caltrans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Metro / OCTA / RCTC / SANBAG / VCTC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Local Agencies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Other Governmental Agencies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. How long has your firm been performing A&E services? _____ Years

7. What is your average annual revenue for the past three years? \$_____ per year

Please attach a one-page company profile and submit the completed application to:

Department of Transportation – District 7, 8 & 12

Email to: d7.ppm.consultant.services.unit@dot.ca.gov

Or mail to: Department of Transportation
 Division of Program & Project Management
 Office of Consultant Services, MS-2
 Attn: Irmalinda Osuna or Sylvia Sanchez
 100 S Main Street, Los Angeles, CA 90012