Print Form

Calmentor *Program, North Region*

Protégé Application

Your Name: _____

Telephone Number: _____ Email Address: _____

Business Name: _____

Address: _____

_____

President/Principal: _____

Type of Business: _____

REFERENCES

Contact Name	Firm Name	Telephone Number

A.. List three specific goals that your firm would like to gain from participating in the program.

1. _____
2. _____
3. _____

B.. List three items that your firm brings to the partnership.

1. _____
2. _____
3. _____

C. Do you have an interest in a Mentor firm or technical specialty? _____

D.. Is your firm curently DBE, UDBE, DVBE or SBE certified? ☐ YES ☐ NO

List type of DBE _____ (Provide proof of current certification, if available)

Does your firm meet the criteria to qualify for California Small Business Certification if so , what type.

_____

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

a. Caltrans ☐ YES ☐ NO

b. Other Entity ☐ YES ☐ NO

c. Local Agencies (insert name) _____ ☐ YES ☐ NO

d. Other Governmental Agencies ☐ YES ☐ NO

F. How long has your firm been in business? _____ Years

Comments:

Return Application to:

Charles W. Laughlin, P.E.
NorthRegion Consultant Services Unit (PPM)
P.O. Box 911
Marysville, CA 95901

or

E-mail: **NRCalmentor@dot.ca.gov**