



**California Department of Transportation District 4
Application for the Calmentor Program for Potential Protégé Firms**

Application Date: _____
Business Name: _____
Address: _____
Website: _____
Contact Person: _____ **Title:** _____
Phone: _____ **Email:** _____

Please list non-Caltrans professional references and their relationship to your firm:

Name:	Firm Name:	Phone:	Prime	Sub	Client/ Owner
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Please list three specific goals your firm would like to gain from a mentoring relationship:

- a. _____
- b. _____
- c. _____

2. Please list three architectural & engineering specialties or areas of expertise your firm brings to the relationship (structural engineering, seismic evaluation, landscape architecture, etc.):

- a. _____
- b. _____
- c. _____

3. Please list disadvantaged/small business certifications below.

- a. Classification: _____ Agency: _____ Exp. Date: _____
- b. Classification: _____ Agency: _____ Exp. Date: _____
- c. Classification: _____ Agency: _____ Exp. Date: _____

4. If no certifications are listed above, do you meet certification criteria: Yes No

For SBE/DVBE requirements: www.dgs.ca.gov For DBE requirements: www.dot.ca.gov/hq/bep

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

Caltrans: Yes No Federal Agencies: Yes No
 Local Agencies (including CMAs): Yes No Other government agencies: Yes No
 Total Value of Public Agency Contracts: \$ _____

6. How long has your firm been in business? _____ years

For Caltrans Use Only

Date Received: _____ Received by: _____ Approved: Yes No Date: _____