Calmentor

A&E Protégé Application

Caltrans Districts 5, 6, 9 & 10 Central Region

Contact Name			Date
Phone Number	Direct	Office	
Business Name			
Principal/President Name:			
E-mail			
Type of A&E Business			How long?
Street Address			
City, State, and **Zip Code**			

1. **Please list three goals your firm would like to attain from participating in Calmentor:**

a. _____
b. _____
c. _____

2. **Please list three items that your firm brings to the relationship:**

a. _____
b. _____
c. _____

3. **Describe the qualities you are looking for in a mentor firm.** Do you have an interest in a partner firm or technical specialty? Please name any specific mentor firm(s) desired. Do you prefer to have a mentor that does similar types of work as your firm, or different?

_____
_____

4. **Please list certifications and corresponding agencies below*:**
State of California certifications: Disadvantaged Business Enterprise (DBE), Disabled Veteran Business Enterprise (DVBE), and/or Small Business (SB).

Classification and Number	**Expiration Date**
Disadvantaged Business Enterprise (DBE)	
Disabled Veteran Business Enterprise (DVBE)	
Small Business (SB)	
Other	

*Not required to participate in the program.

5. **If no certifications are listed above, do you meet the criteria for certification:**

For Disadvantaged Business Enterprise/DBE: http://www.dot.ca.gov/hq/bep/ **Yes** ☐ **No** ☐

For Small Business/SB and/or Disabled Veterans Business Enterprise:
http://www.dgs.ca.gov/pd/Programs/OSDS/GetCertified.aspx **Yes** ☐ **No** ☐

6. **Has your firm worked with any of the following agencies :**

a. Caltrans, District/s _____ **Yes** ☐ **No** ☐

b. Local Agencies _____ **Yes** ☐ **No** ☐

c. Other State/Governmental Agencies _____ **Yes** ☐ **No** ☐

7. **List Non-Caltrans Professional References:**

Name, Organization, and Project	Telephone	E-mail	Prime, Sub, and/or Owner?

8. **Please list your gross receipts for the past three years:**

Year:	$
Year:	$
Year:	$

9. **Please attach a one-page company profile and submit the completed application to:**
Diana Gong, Caltrans, District 6, 2015 E. Shields, Ste 100, Fresno, CA 93726
Email: diana.gong@dot.ca.gov.

Please note that there are many potential benefits of the mentor-protégé relationship but mentors are under no obligation to provide project work or teaming opportunities to the protégé.

_____
Signature