



OAME Mentorship Form

731 N. Hayden Meadows Dr., Portland, OR 97217

All information submitted would be used only for the purpose of determining the eligibility of the applicant for the participation in OAME's Mentorship Program. All information within this application will be kept confidential.

Name of Business: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Title: _____

Web site: _____

Certification Status:

- MBE – Minority Business Enterprise
- WBE – Women Business Enterprise
- ESB – Emerging Small Business
- DBE – Disadvantaged Small Business Enterprise
- SDBVE – Service Disabled Veteran Business Enterprise

Certification No:

DUNS No:

Race or Ethnic Origin:

Phone:

Years in Business:

Fax:

Email:

Number of Employees: FT PT Temporary

CCB License No:

Primary NAICS Code:



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Products/Services. What types of products/services does your company provide?

Area of specialization. How do you differentiate from your competition?

Insurance. Please list your company's coverage and general liability limits.

Bonding. Please indicate bonding capacity on prior job and aggregated basis

Licensing. List jurisdictions and trade categories in which your company is legally qualified to do business and indicate registration or license numbers and expiration dates.



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Financial Information:

Provide your last 2 years gross annual sales figures.

	Gross Revenue
Year 1	\$
Year 2	\$

Please list your 2 most recent projects or experience:

Projects listed may be used as references.

Year	Customer	Phone	Contact	Type of Project/Year	Contract Amount	Prime or Sub