

Exhibit B



RAILROAD COMMISSION OF TEXAS  
Mentor Protégé Program  
PROTÉGÉ APPLICATION

Application Submission Date: \_\_\_\_\_

BUSINESS OWNER'S PROFILE (Applicant)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Professional Licenses: \_\_\_\_\_  
Specialized Training: \_\_\_\_\_  
Educational Background: \_\_\_\_\_

BUSINESS PROFILE

Federal Tax Number: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Principal line of Business: \_\_\_\_\_

Total number of employees at time of application: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Is your company (representative) willing to attend a mandatory meeting conducted by the RRC?  
Yes ( ) No ( )

Is your company willing to enter into a written agreement with a mentor outlining the goals, and objectives of your potential mentor/protégé relationship through the program? Yes ( ) No ( )

Is your company currently a "protégé" of any business under any other program?  
Yes ( ) No ( )

Has your company been operational for at least one year?  
Yes ( ) No ( )

Are you currently registered on or are you willing to apply to the Centralized Master Bidders List?  
Yes ( ) No ( )

Are you currently eligible and willing to become certified as a Historically Underutilized Business?  
Yes ( ) No ( )

Do you have any state contract at the present time?  
Yes ( ) No ( )

Business Structure (Please check appropriate description)

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Joint Venture       | <input type="checkbox"/> LLC         | <input type="checkbox"/> LLP         |

Date Business Started \_\_\_\_\_ Date of HUB Certification \_\_\_\_\_  
(if applicable)

Please explain why you want to become a part of the Mentor/Protégé Program

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Please indicate the areas you need assistance in (check all that apply).

- |   |   |
|---|---|
| <input type="checkbox"/> Business Management      | <input type="checkbox"/> Insurance / Bonding  |
| <input type="checkbox"/> Financial Management     | <input type="checkbox"/> Personnel Management |
| <input type="checkbox"/> Production               | <input type="checkbox"/> Inventory Control    |
| <input type="checkbox"/> Marketing                | <input type="checkbox"/> Quality Assurance    |
| <input type="checkbox"/> Equipment and Facilities | <input type="checkbox"/> Project Management   |
| <input type="checkbox"/> Other (Specify)          |   |

Are you in "good standing" with the State of Texas and not in violation of any state statutes, rules or governing policies?  
Yes ( ) No ( )

Are you willing to maintain HUB certification status for the duration of the Mentor/Protégé Agreement?  
Yes ( ) No ( )

Acknowledgement Statement:

I understand that participation in the Mentor/Protégé Program is voluntary and is neither a guarantee for a contract opportunity nor a promise of business, but is to foster positive long-term business relationships. I agree to report on the progress made relative to the Mentor/Protégé Agreement as indicated in the Agreement.

I understand that in order to potentially be selected by a mentor as their protégé, information I have provided will be made available to eligible mentors who have indicated a willingness to assist selected protégés in areas that have been identified (needs) in these materials.

\_\_\_\_\_  
Signature of Protégé Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company (if applicable)