



Contractor's License Detail for License # 747581

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
Per B&P 7071.17 , only construction related civil judgments reported to the CSLB are disclosed.
Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

Data current as of 3/14/2016 12:08:17 PM

Business Information

CAMPBELL CERTIFIED INC
1629 ORD WAY
OCEANSIDE, CA 93056
Business Phone Number:(760) 722-9353

Entity Corporation
Issue Date 03/27/1998
Expire Date **03/31/2018**

License Status

This license is current and active.
All information below should be reviewed.

Additional Status

The license may be suspended at a future date for failure to resolve an outstanding final liability from the Franchise Tax Board, Department of Industrial Relations, Employment Development Department, or the Contractors State License Board.

Classifications

C60 - WELDING
C51 - STEEL, STRUCTURAL
B - GENERAL BUILDING CONTRACTOR

Bonding Information

Contractor's Bond

This license filed a Contractor's Bond with WESCO INSURANCE COMPANY.
Bond Number: 04WB036199
Bond Amount: \$15,000
Effective Date: 01/01/2016
[Contractor's Bond History](#)

Bond of Qualifying Individual

The Responsible Managing Officer (RMO) CAMPBELL MARK ANTHONY certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is **not** required.

Effective Date: 08/13/2009

BQ's Bond History

Workers' Compensation

This license has workers compensation insurance with the STATE COMPENSATION INSURANCE FUND

Policy Number:9088512

Effective Date: 08/30/2014

Expire Date: 08/30/2016

Workers' Compensation History

Other

Personnel listed on this license (current or disassociated) are listed on other licenses.