



# APPLICATION FOR PUBLIC WORKS CONTRACTOR REGISTRATION

## Registration Information

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Type: Public Works

Period: 07/01/2023 06/30/2025

## Contractor Information

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Contractor Name: CLARK LAND RESOURCES, INC.

Trade Name:

License Type Number: 1000033771

## Contractor Physical Address

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Physical Business Country: United States of America

Physical Business City/ San Diego  
Province:

Physical Business Address: 9150 Chesapeake Drive, Ste 190

Physical Business State: CA

Physical Business Postal 92123  
Code:

## Contractor Mailing Address

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Mailing Country: United States of America

Mailing City /Province: OCEANSIDE

Mailing Address: PO Box 4129

Mailing State: CA

Mailing Postal Code: 92052

## Contact Info

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Daytime Phone:

Daytime Phone Ext.:

Mobile Phone:

Business Email: [sabrina.boothe@clarklandresources.com](mailto:sabrina.boothe@clarklandresources.com)

Applicant's Email: [sabrina.clarkland@gmail.com](mailto:sabrina.clarkland@gmail.com)

# Workers' Compensation

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## Professional Employer Organization (PEO)

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Do you lease employees through Professional Employer Organization? No

## Workers' Compensation Overview

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Carrier: THE HARTFORD  
Policyholder Name: Clark Land Resources Inc.  
Policy Number: 72 WBC AD0YGU

Inception Date: 07/03/2019

Expiration Date: July 3, 2024

## Certification

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Yes I certify that I do not have any delinquent liability to an employee or the state for any assessment of back wages or related damages, interest, fines, or penalties pursuant to any final judgment, order, or determination by a court or any federal, state, or local administrative agency, including a confirmed arbitration award

Yes I certify that the contractor is not currently debarred under Section 1777.1 or under any other federal or state law providing for the debarment of contractors from public works.

Yes I certify that one of the following is true: (1) I am licensed by the Contractors State License Board (CSLB) in accordance with Chapter 9 (commencing with Section 7000) of the Business and Professions Code; or (2) my business or trade is not subject to licensing by the CSLB.

I understand refunds are not authorized

I, Sabrina Boothe, the undersigned, am , CLARK LAND RESOURCES, INC. with the authority to act for and on behalf of the above named contractor. I certify under penalty of perjury that all of the above information provided is true and correct. I further acknowledge that any untruthful information provided in this application could result in the certification being canceled.

I certify this on: 1:14 PM

## Legal Entity Information

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**Legal Entity Type: Corporation**

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Name: CLARK LAND RESOURCES, INC.