

OA LOGISTICS SERVICES, INC.
MOBILE EQUIPMENT OPERATOR CERTIFICATE

MOBILE EQUIPMENT TYPE(S) **Valid at OA Logistics ONLY** TRAINER/EVALUATOR DATE OF ISSUE

This certificate confirms that
OPERATOR NAME Talyah Reed **OPERATOR SIGNATURE** *Talyah Reed*
 Has successfully fulfilled all the theoretical and practical training and evaluation requirements listed in Federal and regional regulations and hereby authorized to operate the type(s) of mobile equipment listed on the reverse.

OPERATOR NUMBER _____ **DATE ISSUED** 18-Aug-22 **EXPIRE DATE** 18-Aug-25

TRAINER NAME Jimmy Farmer **TRAINER CERT. NO.** _____ **TRAINER SIGNATURE** *Jimmy Farmer*

EMPLOYER NAME OA Logistics **AUTHORIZING PERSON** Edward Maxwell **EMPLOYER SIGNATURE** *Edward Maxwell*

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
OP	Jimmy Farmer	18-Aug-22
EPI	Jimmy Farmer	4-Jan-23

REFER TO THIS OPERATOR'S CERTIFICATE FOLDER FOR COMPLETE DETAILS ON TRAINING & EVALUATION (INCLUDING MORE SPECIFICS ON EQUIPMENT & ATTACHMENTS)