

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'S NAME
Rosalind Reed
OPERATOR'S SIGNATURE
Rosalind 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
 31-Mar-22
DATE ISSUED
 31-Mar-25
EXPIRE DATE

TRAINER NAME
 Jimmy Farmer
TRAINER CERT. NO.
TRAINER'S SIGNATURE
Jimmy Farmer

OPERATOR NAME
 Jimmy Farmer
AUTHORIZING PERSON
 Edward Maxwell
EMPLOYER'S SIGNATURE
Edward Maxwell

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
OP	Jimmy Farmer	31-Mar-22
FL	Jimmy Farmer	31-Mar-22
CL	Jimmy Farmer	31-Mar-22
RT	Jimmy Farmer	31-Mar-22
RC	Jimmy Farmer	31-Mar-22
EPJ	Jimmy Farmer	4-Jan-23

REFER TO THIS OPERATOR'S CERTIFICATION FOLDER FOR COMPLETE DETAILS ON TRAINING & EVALUATION, INCLUDING MORE SPECIFICS ON EQUIPMENT ATTACHMENTS.