

OA LOGISTICS 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 **Antione Clark** OPERATOR'S SIGNATURE *[Signature]*

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 **18205** DATE ISSUED **23-Nov-22** EXPIRE DATE **23-Nov-25**

TRAINER NAME **Jimmy Farmer** TRAINER CERT. NO. **18025** TRAINER SIGNATURE *[Signature]*

EMPLOYER NAME **OA Logistics** EMPLOYER SIGNATURE *[Signature]*

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
RT	Jimmy Farmer	23-Nov-22
FL	Jimmy Farmer	23-Nov-22
EPJ	Jimmy Farmer	23-Nov-22
CL	Jimmy Farmer	23-Nov-22

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