

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
OPERATORS NAME Tyrone Smith **OPERATORS SIGNATURE** *Tyrone Smith*
 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 28-Jul-22 **DATE ISSUED** 28-Jul-22 **EXPIRE DATE** 28-Jul-25

TRAINER NAME Jimmy Farmer **TRAINER CERT. NO.** Jimmy Farmer **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
CL	Jimmy Farmer	28-Jul-22
FL	Jimmy Farmer	28-Jul-22
RT	Jimmy Farmer	28-Jul-22
OP	Jimmy Farmer	1-Jan-10

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