

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
ERIKA WILLIAMS

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

DATE ISSUED
5-Dec-22

EXPIRE DATE
5-Dec-25

TRAINER NAME
Jimmy Farmer

TRAINER CERT. NO.

TRAINER'S SIGNATURE
[Signature]

EMPLOYER NAME
OA Logistics

AUTHORIZING PERSON
Edward Maxwell

EMPLOYER'S SIGNATURE
[Signature]

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
RT	Jimmy Farmer	5-Dec-22

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