

OA LOGISTICS
SERVICES INC

MOBILE EQUIPMENT OPERATOR CERTIFICATE

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

This certificate confirms that
OPERATORS NAME **OPERATORS SIGNATURE**
 Christopher Williams *[Signature]*

OP	Jimmy Farmer	5-Oct-22

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** **EXPIRE DATE**
 18205 5-Oct-22 5-Oct-25

TRAINER NAME **TRAINER CERT. NO.** **TRAINER SIGNATURE**
 Jimmy Farmer 18205 *[Signature]*

EMPLOYER NAME **AUTHORIZING PERSON** **EMPLOYER SIGNATURE**
 OA Logistics Edward Maxwell *[Signature]*

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