

OA LOGISTICS
SERVICES, INC.

MOBILE EQUIPMENT OPERATOR CERTIFICATE

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

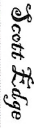
DATE OF ISSUE

This certificate confirms that

OPERATORS NAME **Christina Reyes** OPERATORS 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 **8-Feb-22** EXPIRE DATE **7-Feb-25**

TRAINER NAME **Scott Edge** TRAINER CERT. NO. **18205** TRAINER SIGNATURE 

EMPLOYER NAME **OA Logistics** AUTHORIZING PERSON **Edward Maxwell** EMPLOYER SIGNATURE 

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

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
TSP	Scott Edge	8-Feb-22