

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: **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: _____ DATE ISSUED: **28-Jul-22** EXPIRE DATE: **28-Jul-25**

TRAINER NAME: **Jimmy Farmer** TRAINER CERT. NO. _____ 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	Scott Edge	28-Jul-22
RT	Jimmy Farmer	28-Jul-22
OP	Jimmy Farmer	10-Jan-23
EPJ	Jimmy Farmer	26-Jan-23

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