

**OA LOGISTICS SERVICES, INC.**  
**MOBILE EQUIPMENT OPERATOR CERTIFICATE**

This certificate confirms that  
**OPERATORS NAME** Tobias Lamar  
 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.

**OPERATORS SIGNATURE**  
*Tobias Lamar*

**OPERATOR NUMBER** 1-Apr-22  
**DATE ISSUED** 1-Apr-25  
**EXPIRE DATE**

**TRAINER NAME** Jimmy Farmer  
**TRAINER CERT. NO.**  
**TRAINER SIGNATURE**  
*Jimmy Farmer*

**EMPLOYER NAME** Edward Maxwell  
**EMPLOYER SIGNATURE**  
*Edward Maxwell*

**MOBILE EQUIPMENT TYPE(S)**  
**Valid at OA Logistics ONLY**

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
CL	Jimmy Farmer	1-Apr-22
FL	Scott Edge	1-Apr-22
RT	Jimmy Farmer	26-Jan-23

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