

OA LOGISTICS
SERVICES INC

MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that

OPERATORS NAME **Kimberly Wilson** OPERATORS SIGNATURE *Kimberly Wilson*

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 **26-Jan-23** DATE ISSUED **26-Jan-26** EXPIRE DATE

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) **CL** TRAINER/EVALUATOR **Jimmy Farmer** DATE OF ISSUE **26-Jan-23**

Valid at **OA Logistics ONLY**

FL **Jimmy Farmer** 26-Jan-23

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