

**OA LOGISTICS**  
SERVICES, INC.

**MOBILE EQUIPMENT  
OPERATOR CERTIFICATE**

This certificate confirms that

**OPERATORS NAME** *Jimmie Mincey*

**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** 14-Nov-25

**EXPIRE DATE** 14-Nov-22

**TRAINER NAME** Jimmy Farmer

**TRAINER SIGNATURE**

**EMPLOYER NAME** Edward Maxwell

**EMPLOYER SIGNATURE**

**OA Logistics**

**AUTHORIZING PERSON**

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

**TRAINER/EVALUATOR**

**DATE OF ISSUE**

|    |              |           |
|----|--------------|-----------|
| OP | Jimmy Farmer | 14-Nov-22 |
| RC | Jimmy Farmer | 14-Nov-22 |
| RT | Jimmy Farmer | 14-Nov-22 |
| CL | Jimmy Farmer | 14-Nov-22 |

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