

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 Yolanda Singleton **OPERATORS SIGNATURE** *Yolanda Singleton*
 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** **3-MAY-22** **EXPIRE DATE** **3-MAY-25**

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

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

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
CL	Jimmy Farmer	3-May-22
FL	Jimmy Farmer	3-May-22
OP	Jimmy Farmer	31-Jan-23

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