

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
OPERATOR'S NAME
Monica Washington OPERATOR'S SIGNATURE
Monica Washington

EPJ	Scott Edge	3-May-22
OP	Edward Maxwell	3-May-22
RT	Jimmy Farmer	31-Jan-23

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 EXPIRE DATE
23-Nov-21 23-Nov-24

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

EMPLOYER NAME AUTHORIZING PERSON EMPLOYER SIGNATURE
OA Logistics Edward Maxwell *Edward Maxwell*

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