

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

This certificate confirms that

OPERATORS NAME Alexander Carter **OPERATORS SIGNATURE** *Alexander Carter*

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 9-Feb-21 **DATE ISSUED** 10-Feb-24 **EXPIRE DATE**

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

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

AUTHORIZING PERSON Edward Maxwell

MOBILE EQUIPMENT TYPE(S) **TRAINER/EVALUATOR** **DATE OF ISSUE**

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
Valid at OA Logistics ONLY		
OP	Maria Martinez	9-Feb-21
RT	Jimmy Farmer	31-Jan-23

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