

OA LOGISTICS SERVICES INC

MOBILE EQUIPMENT OPERATOR CERTIFICATE

MOBILE EQUIPMENT TYPE(S) TRAINER/EVALUATOR
Valid at OA Logistics ONLY

DATE OF ISSUE

This certificate confirms that
OPERATORS NAME Sa muel Aiken **OPERATOR'S SIGNATURE** 
 Has successfully fulfilled all the theoretical and practical training and evaluation requirements listed in federal and provincial regulations and hereby authorized to operate the type(s) of mobile equipment listed on the reverse.

OPERATOR NUMBER 7-Sep-22 **DATE ISSUED** 7-Sep-25 **EXPIRE DATE**

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

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

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
CL	Jimmy Farmer	7-Sep-22
RT	Jimmy Farmer	7-Sep-22
FL	Jimmy Farmer	7-Sep-22
OP	Jimmy Farmer	1-Feb-23
EPJ	Jimmy Farmer	1-Feb-23
TSP	Jimmy Farmer	7-Sep-22

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