

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that:

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'S NAME

Erika Williams

OPERATOR'S SIGNATURE

*Erika Williams*

20-Mar-23

DATE ISSUED

20-Mar-26

EXPIRE DATE

TRAINER NAME

Jimmy Farmer

TRAINER'S SIGNATURE

*Jimmy Farmer*

EMPLOYER NAME

SHIP8

EMPLOYER'S SIGNATURE

*Edward Maxwell*

SHIP8

AUTHORIZING PERSON

Edward Maxwell

Valid at SHIP8 ONLY

MOBILE EQUIPMENT TYPE(S)

TRAINER/EVALUATOR

DATE OF ISSUE

RT

Jimmy Farmer

20-Mar-23

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