

MOBILE EQUIPMENT OPERATOR CERTIFICATE

MOBILE EQUIPMENT TYPE(S): **Valid at SHIP8 ONLY** TRAINER/EVALUATOR: DATE OF ISSUE:

This certificate confirms that

OPERATOR'S NAME: **Rohan Edwards**
 OPERATOR'S SIGNATURE: *Rohan Edwards*
 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.

ISSUE DATE	03/20/2023
EXPIRE DATE	03/20/2026
EMPLOYER'S NAME	SHIP8
EMPLOYER'S SIGNATURE	<i>Edward Maxwell</i>
AUTHORIZING PERSON	Edward Maxwell

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
FL	Jimmy Farmer	03/20/2023
CL	Jimmy Farmer	04/14/2023
RT	Jimmy Farmer	04/14/2023
EPJ	Jimmy Farmer	04/14/2023

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