

MOBILE EQUIPMENT OPERATOR CERTIFICATE

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

OPERATOR'S NAME: **Jasmine Marcano**
 OPERATOR'S SIGNATURE: *Jasmine Marcano*

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
OP	Jimmy Farmer	03/22/2023
EPU	Jimmy Farmer	03/22/2023

EXPIRE DATE: **03/22/2026**

TRAINER NAME: **Jimmy Farmer**
 TRAINER SIGNATURE: *Jimmy Farmer*

SHIP8 AUTHORIZING PERSON: **Edward Maxwell**
 AUTHORIZING PERSON SIGNATURE: *Edward Maxwell*

REFER TO THIS OPERATOR'S CERTIFICATION FOR CORRECT DETAILS ON TRAINING & EVALUATION (INCLUDING MORE SPECIFICS ON EQUIPMENT & FACILITIES)