

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

Valid at SHIP8 ONLY

This certificate confirms that

**Operator Name**  
Renada Scott

**Operator Signature**  
*Renada Scott*

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**  
3/31/2023

**Expiration Date**  
3/31/2026

**Trainer Name**  
Jimmy Farmer

**Trainer Signature**  
*Jimmy Farmer*



**SHIP8**

**Authorizing Person**  
Edward Maxwell

**Authorizing Person Signature**  
*Edward Maxwell*

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
OP	Jimmy Farmer	31-Mar-23

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