

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

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

This certificate confirms that

OPERATOR'S NAME **Rosa Andreu** OPERATOR'S SIGNATURE *Rosa Andreu*  
 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 **03/22/2023**

EXPIRE DATE **03/22/2026**

TRAINER'S NAME **Jimmy Farmer** TRAINER'S SIGNATURE *Jimmy Farmer*  
 EMPLOYER'S NAME **SHIP8** EMPLOYER'S SIGNATURE *Edward Maxwell*

SHIP8 **Edward Maxwell** AUTHORIZING PERSON

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

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