

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that

**OPERATOR'S NAME** Rubin Pery **OPERATOR'S SIGNATURE** *Rubin Pery*

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 at the reverse.

**ISSUANCE DATE** 20-Mar-23 **DATE ISSUED** 20-Mar-26

**ISSUER'S NAME** Jimmy Farmer **TRAINER'S SIGNATURE** *Jimmy Farmer*

**EMPLOYEE NAME** Edward Maxwell **EMPLOYEE SIGNATURE** *Edward Maxwell*

**SHIP8 AUTHORIZING PERSON** Edward Maxwell

# Valid at SHIP8 ONLY

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
FL	Jimmy Farmer	20-Mar-23
CL	Jimmy Farmer	20-Mar-23
OP	Jimmy Farmer	20-Mar-23
RT	Jimmy Farmer	20-Mar-23
EPJ	Jimmy Farmer	20-Mar-23

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