

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

Valid at SHIP8 ONLY

This certificate confirms that

**OPERATOR'S NAME**  
Christ Materan

**OPERATOR'S SIGNATURE**  
*[Signature]*

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.

**EXPIRE DATE**  
1/8/2024

**EXPIRE DATE**  
1/8/2027

**TRAINER'S NAME**  
Jimmy Farmer

**TRAINER'S SIGNATURE**  
*[Signature]*



**SHIP8**

**TRAINER'S NAME**  
Edward Maxwell

**AUTHORIZING PERSON**  
*[Signature]*

*[Signature]*

| MOBILE EQUIPMENT TYPE(S) | TRAINER/EVALUATOR | DATE OF ISSUE |
|--------------------------|-------------------|---------------|
| OP                       | Jimmy Farmer      | 8-Jan-24      |
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REFER TO THIS OPERATOR'S CERTIFICATION FOLDER FOR COMPLETE DETAILS ON TRAINING & EVALUATION INCLUDING MORE SPECIFICS ON EQUIPMENT & ATTACHMENTS.