

MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that

OPERATORS NAME Gabriele Giliam **OPERATORS SIGNATURE** *Gabriele Giliam*

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

DATE ISSUED 2/5/2024

EXPIRE DATE 2/5/2027

TRAINER NAME Edward Maxwell **TRAINER SIGNATURE** *Edward Maxwell*

EMPLOYER NAME SHIP8 **EMPLOYER SIGNATURE** *Edward Maxwell*

SHIP8 **AUTHORIZING PERSON** Edward Maxwell **EMPLOYER SIGNATURE** *Edward Maxwell*

Valid at SHIP8 ONLY

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
FL	Jimmy Farmer	5-Feb-24
CL	Jimmy Farmer	5-Feb-24
OP	Jimmy Farmer	6-Feb-24

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