

MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that:

OPERATOR'S NAME: Dejanay Wright **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.

DATE ISSUED: 3/23/2023

EXPIRE DATE: 3/23/2026

TRAINER NAME: Jimmy Farmer **TRAINER SIGNATURE:** *[Signature]*

EMPLOYER NAME: SHIP8 **EMPLOYER SIGNATURE:** *[Signature]*

SHIP8 **AUTHORIZING PERSON:** Edward Maxwell **EMPLOYER SIGNATURE:** *[Signature]*

Valid at SHIP8 ONLY

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
OP	Jimmy Farmer	23-Mar-23
EPJ	Jimmy Farmer	26-Mar-24

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