

MOBILE EQUIPMENT OPERATOR CERTIFICATE

Valid at SHIP8 ONLY

This certificate confirms that

OPERATOR'S NAME: **Shamaria Murphy** 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

ISSUE DATE: **6/19/2024**

EXPIRE DATE: **6/19/2027**

OPERATOR'S NAME: **Jimmy Farmer** OPERATOR'S SIGNATURE: *[Signature]*

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

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
OP	Jimmy Farmer	19-Jun-24

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