

MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that

OPERATOR'S NAME Geraine Anthony

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 6/25/2024

EXPIRE DATE 6/25/2027

OPERATOR'S NAME Jimmy Farmer

OPERATOR'S SIGNATURE *(Signature)*



SHIPP

AUTHORIZING PERSON Edward Maxwell

(Signature)

Valid at SHIPP ONLY

MOBILE EQUIPMENT TYPE(S)	TRAINER/EVALUATOR	DATE OF ISSUE
FL	Jimmy Farmer	25-Jun-24
CL	Jimmy Farmer	25-Jun-24
EPJ	Jimmy Farmer	25-Jun-24

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