

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that

**OPERATOR'S NAME**  
Candice Harper

**OPERATOR'S SIGNATURE**  
*Candice Harper*

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**

6/25/2024

**EXPIRE DATE**

6/25/2027

**OPERATOR'S NAME**  
Jimmy Farmer



*Jimmy Farmer*

**SHIPP8**

*Edward Maxwell*

**AUTHORIZING PERSON**

*Edward Maxwell*

Valid at SHIPP8 ONLY

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

REFER TO THIS OPERATOR'S CERTIFICATION FOLDER FOR COMPLETE DETAILS ON TRAINING & EVALUATION INCLUDING CORE SPECIFICS ON EQUIPMENT & ATTACHMENTS!