



SHIP8 INC

**MOBILE EQUIPMENT**

**OPERATOR CERTIFICATE**

This certificate confirms that

OPERATORS NAME

OPERATORS SIGNATURE

Searle Castell

*Searle Castell*

Has successfully fulfilled all the theoretical and practical training and evaluation requirements listed in federal and regional regulations and is hereby authorized to operate the type(s) of mobile equipment listed on the reverse.

CERTIFICATION DATE

DATE ISSUED

DATE EXPIRES

8/26/2024

8/26/2024

8/26/2027

TRAINER NAME

TRAINER SIGNATURE

Jimmy Farmer

*Jimmy Farmer*

EMPLOYER NAME

AUTHORIZING PERSON

EMPLOYER SIGNATURE

SHIP8, INC

Edward Maxwell

*Edward Maxwell*

Valid at SHIP8 INC.

MOBILE EQUIPMENT TYPE(S)

TRAINER NAME

DATE OF ISSUE

RT

Jimmy Farmer

8/26/2024

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

IF YOU BELIEVE YOUR CERTIFICATION IS INCORRECT, SEE SAFETY TEAM