



SHIP8 INC

MOBILE EQUIPMENT OPERATOR CERTIFICATE

This certificate confirms that:

OPERATORS NAME: John Johnson OPERATORS SIGNATURE: *[Signature]*

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: 9/11/2024 DATE ISSUED: 9/11/2024 DATE EXPIRES: 9/11/2027

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

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

IF YOU BELIEVE YOUR CERTIFICATION IS INCORRECT, SEE SAFETY TEAM

Valid at SHIP8 INC.

MOBILE EQUIPMENT TYPE(S): FL TRAINER NAME: Jimmy Farmer DATE OF ISSUE: 9/11/2024

CL TRAINER NAME: Jimmy Farmer DATE OF ISSUE: 11-Sep-24

EPI TRAINER NAME: Jimmy Farmer DATE OF ISSUE: 9/11/2024

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