



**MOBILE EQUIPMENT OPERATOR CERTIFICATE**

Valid at SHIP8 INC.

MOBILE EQUIPMENT TYPE(S)      TRAINER NAME      DATE OF ISSUE

OP      Jimmy Farmer      9/25/2024

This certificate confirms that

OPERATORS NAME      OPERATORS SIGNATURE  
Keylan Jackson      *[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      DATE ISSUED      DATE EXPIRES  
9/25/2024      9/25/2024      9/25/2027

TRAINER NAME      TRAINER SIGNATURE  
Jimmy Farmer      *[Signature]*

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

IF YOU BELIEVE YOUR CERTIFICATION IS INCORRECT, SEE SAFETY TEAM

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