



SHIP8 INC

**MOBILE EQUIPMENT**

**OPERATOR CERTIFICATE**

This certificate confirms that

OPERATORS NAME

Jamari Reed

OPERATORS SIGNATURE

*Jamari Reed*

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

10/17/2024

DATE ISSUED

10/17/2024

DATE EXPIRES

10/17/2027

TRAINER NAME

Jimmy Farmer

TRAINER SIGNATURE

*Jimmy Farmer*

EMPLOYER NAME

SHIP8, INC

AUTHORIZING PERSON

Edward Maxwell

EMPLOYER SIGNATURE

*Edward Maxwell*

**Valid at SHIP8 INC.**

MOBILE EQUIPMENT TYPE(S)

FL, CL

TRAINER NAME

Jimmy Farmer

DATE OF ISSUE

10/17/2024

OP

Jimmy Farmer

17-Oct-24

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