



SHIP8 INC

MOBILE EQUIPMENT

OPERATOR CERTIFICATE

This certificate confirms that

OPERATORS NAME

Desmond Scott

OPERATORS SIGNATURE

Desmond Scott

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

11/4/2024

DATE ISSUED

11/4/2024

DATE EXPIRES

11/4/2027

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)

RT

TRAINER NAME

Jimmy Farmer

DATE OF ISSUE

11/4/2024

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