



SHIP8 INC

**MOBILE EQUIPMENT**

**OPERATOR CERTIFICATE**

This certificate confirms that

OPERATORS NAME

Amari Clarke

OPERATORS SIGNATURE

*Amari Clarke*

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

1/6/2025

DATE ISSUED

1/6/2025

DATE EXPIRES

1/6/2028

TRAINER NAME

Jimmy Farmer

TRAINER SIGNATURE

EMPLOYER NAME

SHIP8, INC

AUTHORIZING PERSON

Edward Maxwell

EMPLOYER SIGNATURE

*Edward Maxwell*

Valid at SHIP8 INC.

MOBILE EQUIPMENT TYPE(S)

OP

TRAINER NAME

Jimmy Farmer

DATE OF ISSUE

1/6/2025

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)