



MOBILE EQUIPMENT OPERATOR CERTIFICATE

Valid at SHIP8 INC.

MOBILE EQUIPMENT TYPE(S)

TRAINER NAME

DATE OF ISSUE

This certificate confirms that

OPERATORS NAME OPERATORS SIGNATURE

Compassion Mcphaul *[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

5/1/2024 2/19/2025 5/1/2027

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)

OP Jimmy Farmer 5/1/2024

RT Jimmy Farmer 2/19/2025

EPJ Jimmy Farmer 2/19/2025