



MOBILE EQUIPMENT OPERATOR CERTIFICATE

Valid at SHIP8 INC.

MOBILE EQUIPMENT TYPE(S)

TRAINER NAME

DATE OF ISSUE

The certificate confirms that

OPERATORS NAME

OPERATORS SIGNATURE

Demond Scott

Demond 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

DATE ISSUED

DATE EXPIRES

11/4/2024

6/3/2025

11/4/2027

TRAINER NAME

TRAINER SIGNATURE

Jimmy Farmer

Jimmy Farmer

EMPLOYER NAME

AUTHORIZING PERSON

EMPLOYER SIGNATURE

SHIP8, INC

Edward Maxwell

Edward Maxwell

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)