

		MOBILE EQUIPMENT		Valid at SHIP8 INC.	
		OPERATOR CERTIFICATE		MOBILE EQUIPMENT TYPE(S)	TRAINER NAME
This certificate confirms that					
OPERATORS NAME		OPERATORS SIGNATURE			
Stephon Woods					
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			
6/4/2025	6/4/2025	6/4/2028			
TRAINER NAME		TRAINER SIGNATURE			
Jimmy Farmer/Jason Walston					
EMPLOYER NAME	AUTHORIZING PERSON	EMPLOYER SIGNATURE			
SHIP8, INC	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)					