



**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

Sara Youmans

*[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

7/2/2025

7/2/2025

7/2/2028

TRAINER NAME

TRAINER SIGNATURE

Jimmy Farmer

*[Signature]*

EMPLOYER NAME

AUTHOR

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)