

# MOBILE EQUIPMENT OPERATOR CERTIFICATE

MOBILE EQUIPMENT TYPE(S)  
Valid at SHIP8 ONLY

TRAINER/EVALUATOR

DATE OF ISSUE

This certificate confirms that

OPERATOR'S NAME: Nyquasia Jackson  
 OPERATOR'S SIGNATURE: *Nyquasia Jackson*  
 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.

OPERATOR'S NAME	OPERATOR'S SIGNATURE	ISSUED	EXPIRE DATE	TRAINER'S SIGNATURE	TRAINER'S SIGNATURE	TRAINER'S SIGNATURE	TRAINER'S SIGNATURE	TRAINER'S SIGNATURE	TRAINER'S SIGNATURE
Nyquasia Jackson	<i>Nyquasia Jackson</i>	03/22/2023	03/22/2026	<i>Edward Maxwell</i>	<i>Edward Maxwell</i>	<i>Edward Maxwell</i>	<i>Edward Maxwell</i>	<i>Edward Maxwell</i>	<i>Edward Maxwell</i>
Jimmy Farmer	<i>Jimmy Farmer</i>			<i>Jimmy Farmer</i>	<i>Jimmy Farmer</i>	<i>Jimmy Farmer</i>	<i>Jimmy Farmer</i>	<i>Jimmy Farmer</i>	<i>Jimmy Farmer</i>
SHIP8	Edward Maxwell								

KEEP THIS OPERATOR'S CERTIFICATE HOLDER FOR COMPLETE DETAILS ON TRAINING & EVALUATION (INCLUDING MOBILE SPECIFICS ON EQUIPMENT ATTACHMENTS)