

		MOBILE EQUIPMENT		Valid at SHIP8 INC.	
		OPERATOR CERTIFICATE		MOBILE EQUIPMENT TYPE(S)	DATE OF ISSUE
<small>This certificate confirms that</small>		OPERATORS NAME	OPERATORS SIGNATURE	TRAINER NAME	
Devone Wagstaff <small>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.</small>			<i>Devone Wagstaff</i>	Jimmy Farmer	3/9/2026
CERTIFICATION DATE	DATE ISSUED	DATE EXPIRES			
3/9/2026	3/9/2026	3/9/2029			
TRAINER NAME	TRAINER SIGNATURE				
Jimmy Farmer	<i>Jimmy Farmer</i>				
EMPLOYER NAME	AUTHORIZING PERSON	EMPLOYER SIGNATURE			
SHIP8, INC	Jason Walston	<i>Jason Walston</i>			
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)					