



MOBILE EQUIPMENT OPERATOR CERTIFICATE

Valid at SHIP8 INC.
MOBILE EQUIPMENT TYPE(S) **OP** TRAINER NAME **Jimmy Farmer** DATE OF ISSUE **6/8/2029**

SHIP8 INC

This certificate confirms that

Operators Name **Troyeisha Rogers** OPERATORS SIGNATURE *[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 spread of mobile equipment listed on the reverse.

CERTIFICATION DATE **6/8/2026** DATE ISSUED **6/8/2026** DATE EXPIRES **6/8/2029**

TRAINER NAME **Jimmy Farmer** TRAINER SIGNATURE *[Signature]*

EMPLOYER NAME **SHIP8, INC** AUTHORIZING PERSON **Jason Walston** EMPLOYER SIGNATURE *[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)