

NO.	DO.
1	
1	
3	
1	
1	
1	
1	
9	
592	
551	

AIRCRAFT CATEGORY				CONNECTIONS				TIME OF FLIGHT TIME			TOTAL PERCENTAGE OF FLIGHT
	AIRPLANE SEL	AIRPLANE REL	CROSS COUNTRY	TO	FROM	TYPE OF ROUTE	NUMBER OF FLIGHTS	TIME OF FLIGHT	TIME OF FLIGHT	TIME OF FLIGHT	
		.4		.4							.4
		.3		.3							.3
		1.5		1.5			10		15		15
		.3		.3							.3
		10		10					10		10
		5		5	5				5		5
		2		2					2		2
		10.5		10.5	5		1		10.5		10.5
		635.6		127.7	48.6	3	1		2.8927		940.1
		646.1		148.2	53.6	3	3		2.89468		950.6

YEAR 2015 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
1/19	PA30	74094	YIP	PIK			
1/19	"	"	PIK	OSH	Went to Bon Race ^{Quinn} the wife		1
1/21	PA30	"	OSH	RR4			1
1/21	PA30	74094	RR4	EGU	VFR For Grass		
1/22	C172	7062G	EGV	EGV	3 TD + LDES		15
1/21	PA30	74094	EGV	EWK	IFR		3
1/24	PA30	74094	EWK	82J	VFR Got ^{Back} From webco		1
I certify that the statements made by me on this form are true.						PAGE TOTAL	
PILOT'S SIGNATURE _____						AMT. FORWARD	
						TOTAL TO DATE	

AIRCRAFT CATEGORY				CROSS COUNTRY	CONDITION OF FLIGHT				GROUND TRAINING	TYPE OF FLYING TIME			TOTAL HOURS OF FLIGHT
	AIRPLANE SEL	AIRPLANE MEL	DAY		NIGHT	ETW	SIMULATED INSTR	INSTR		INSTR	INSTR	INSTR	
		5			5							5	
		1			1							1	
		1			1							1	
		5			5							5	
		7			7							7	
		4			4							4	
		4			4							4	
												11	
												7	

94.8 - FAA entry

Applicant ID: 2000785234

FAA Form 8500-9

(3-12) Supersedes Previous Edition

457 328, US
467 28, US
33 15, US

m. to 4:00 P.m. E

YEAR 2015 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
9/25	Piper PA30	74094	825	64FA	VFR Big Rain clouds		1
10/27	Piper PA30	74094	64FA	FXE	VFR TOTON for wing repair		1
11/12	Piper PA30	74094	FXE	64FA	VFR full up plane from Tony		1
11/29	Piper PA30	74094	64FA	LNA	VFR		1
12/10	Piper PA30	74094	LNA	64FA	VFR		1
12/11	Piper PA30	74094	64FA	FD08	VFR		2
12/12	Piper PA30	74094	FD08	64FA	VFR		2
I certify that the statements made by me on this form are true.						PAGE TOTAL	
PILOT'S SIGNATURE _____						AMT. FORWARD	
						TOTAL TO DATE	

AIRCRAFT CATEGORY				CROSS COUNTRY		CONDITION OF FLIGHT		TYPE OF PILOTING TIME		TOTAL DURATION OF FLIGHT
	AIRPLANE SEL	AIRPLANE MEL		DAY	NIGHT	ACTUAL	SIMULATED	GROUND	FLIGHT IN COMMAND	
		32		32					32	32
		.5		.5					.5	.5
		15		.5					.5	1.5
		.2		.2					.2	.2
		.3		.3					.3	.3
		10		10					10	10
		10		10					10	10
										6.72

men printing
 457 328, US
 467 28, US
 33 15, US
 Applicant ID: 2000785234
 FAA Form 8500-9 (3-12) Supersedes Previous Edition

m. to 4:00 P.m. ES

YEAR 2016 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.	
			FROM	TO				
May 1	Piper PA35	7409N	64FA	Kobe			1	
"	"	"	Kobe	FD08			1	
"	"	"	FD08	64FA			1	
May 22	"	"	64FA	Oke	VFR DAY Lunch		1	
May 22	"	"	Oke	64FA			1	
June 16	"	"	64FA	LNA	Rain		1	
June 16	"	"	LNA	64FA			1	
I certify that the statements made by me on this form are true.						PAGE TOTAL		
PILOT'S SIGNATURE _____						AMT. FORWARD		
						TOTAL TO DATE		

[illegible]

[illegible]

ADDITIONAL ENDORSEMENTS

I certify that (First name, MI, Last name) GARRY BERNARDO,
 (pilot certificate) [REDACTED], (certificate number) COMM. INST MULTI,
 has satisfactorily completed the flight review required in §61.56(a) on (date) 1-30-2011

SIGNED [REDACTED] DATE 1-30-2011
 CFI NO. [REDACTED] EXPIRATION DATE 4/12

I certify that (First name, MI, Last name) GARRY BERNARDO,
 (pilot certificate) [REDACTED], (certificate number) COMM. INST MULTI,
 has satisfactorily completed Phase No. BIENNIAL FLIGHT REVIEW of a WINGS program on (date) 61.56(a)

SIGNED [REDACTED] DATE 5-5-13
 CFI NO. [REDACTED] EXPIRATION DATE 4-14

I certify that (First name, MI, Last name) GARRY BERNARDO,
 (pilot certificate) [REDACTED], (certificate number) COMM. INST MULTI,
 has satisfactorily completed the instrument proficiency check required in §61.57(d) in a (make and model of aircraft) [REDACTED] on (date) 4-15-15

SIGNED [REDACTED] DATE 4-15-15
 CFI NO. [REDACTED] EXPIRATION DATE 4-16

I certify that (First name, MI, Last name) _____,
 (pilot certificate) _____, (certificate number) _____,
 has received the required training of §61.31(e) in a (make and model of complex airplane) _____. I have determined that he/she is proficient in the operation and systems of a complex airplane.

SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

I certify that (First name, MI, Last name) _____,
 (pilot certificate) _____, (certificate number) _____,
 has received the required training of §61.31(f) in a (make and model of high performance airplane) _____. I have determined that he/she is proficient in the operation and systems of a high performance airplane.

SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

I certify that (First name, MI, Last name) _____,
 (pilot certificate) _____, (certificate number) _____,
 has received the required training of §61.31(g) in a (make and model of pressurized aircraft) _____. I have determined that he/she is proficient in the operation and systems of a pressurized aircraft.

SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE THIRD CLASS

This certifies that (Full name and address):

GARRY thomas BERNARDO

LAKE WORTH FL 33467 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	66	175	BLACK	BROWN	M

Medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Must wear lenses for distant, have glasses for near vision.
Must wear corrective lenses, possess glasses for near/intermediate vision.

Date of Examination
05/31/2016

Examiner's Designation No.
000017262

Examiner

Signature

Typed Name

ROBERT C GREER IV, DO

AIRMAN'S SIGNATURE

Applicant ID: 2000785234

Control No.: 200007357607

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

carry forward	950.6
07/18/15	0.5
07/19/15	1
07/21/15	1
07/21/15	0.5
07/22/15	0.7
07/27/15	4
09/24/15	4
	3.2
	0.5
	0.5
	0.5
	3
	1
	1
05/01/16	0.5
05/01/16	0.7
05/01/16	0.7
05/22/16	0.5
05/22/16	1.5
06/16/16	0.5
06/16/16	0.5
07/21/16	4.2
07/21/16	
	981.1