

DATE	MAKE AND MODEL	ID NUMBER	FROM	TO	LANDINGS		INSTRUMENT APPROACHES		AIRCRAFT CATEGORY AND CLASS				INSTRUMENT			
					DAY	NT	NO.	TYPE & LOCATION	AIRPLANE SINGLE	AIRPLANE MULTI	WSL	ACTUAL	SIMULATED (HOOD)	FTD OR SIMULATOR		
2016																
3/22	C172	9646Q	POS	POS	1					11						
3/24	C150	11416	POS	POS	7					17						
3/25	C150	11416	POS	POS	5					16						
3/26	C172	9646Q	POS	POS	2					18						
4/17	AC TANAR	83PP	KAVQ	KAVQ	7											
4/18	AC TANAR	83PP	KAVQ	KAVQ	12											
4/18	"	83PP	KAVQ	KAVQ	15											
4/19	"	83PP	KAVQ	KAVQ	7											
4/19	"	83PP	SAN	KAVQ	10											
4/19	"	83PP	KAVQ	KAVQ	16											
I certify that all information contained in this flight record is true.					Page Total											
Pilot's Signature:					Previous Total											
					Total to Date											

NIGHT	CROSS COUNTRY	
	ALL	OVER 50 MI
		17
		16
		15
		30918
		20
		3
		EX
		01

NIGHT	CROSS COUNTRY		PIC	SOLO	GROUND TRAINING RECEIVED	FLIGHT TRAINING RECEIVED	FLIGHT TRAINING GIVEN	TOTAL FLIGHT TIME	REMARKS
	ALL	OVER 50 NM							
					05	11		11	#1 Intro Flight
	17				03	17		17	#2 Introduction of Flight
	16				03	16		16	#3 IDP
	15				03	15		15	#3 IDP
						20		20	INTR. TO NIGHT 8 HLT R&R MANUARS LANDING & TAKEOFF
						15		15	LANDING & TAKEOFFS
						10		10	LANDING & TAKEOFFS
						18		18	LANDING & TAKEOFFS
						20		20	COUNTRY TO SAN MANUAC
						22		22	LANDING & TAKEOFFS EMBROID
									8710-1 INFORMATION
									XC INST'N REC'D
									XC SOLO
									XC PIC
									NIGHT INST'N REC'D
									NIGHT PIC
									NIGHT T/O & LDGS PIC
									Page Total
									Previous Total
									Total to Date

[illegible]

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presolo aeronautical knowledge: § 61.87(b)

I certify that Mr./Ms. _____
(First Name, MI, Last Name) has satisfactorily
completed the presolo knowledge test required by
§ 61.87(b) for the _____
(aircraft make and model).

Signed _____ Date _____
CFI # _____ Exp Date _____

Solo flight (additional 90-day period): § 61.87(p)

I certify that Mr./Ms. _____
(First Name, MI, Last Name) has received the
required training to qualify for solo flight. I have
determined that he/she meets the applicable
requirements of § 61.87(p) and is proficient to make
solo flights in a _____
(aircraft make and model).

Limitations: _____

Signed _____ Date _____
CFI # _____ Exp Date _____

Presolo flight training: § 61.87(c)

I certify that Mr./Ms. _____
(First Name, MI, Last Name) has received the required
presolo flight training in a _____
(aircraft make and model). I have determined that
he/she has demonstrated proficiency in the
maneuvers and procedures required by § 61.87 (_____)
((d) through (m), as appropriate) and is proficient to
make solo flights in a _____
(aircraft make and model).

Signed _____ Date _____
CFI # _____ Exp Date _____

Solo flight (additional 90-day period): § 61.87(p)

I certify that Mr./Ms. _____
(First Name, MI, Last Name) has received the
required training to qualify for solo flight. I have
determined that he/she meets the applicable
requirements of § 61.87(p) and is proficient to make
solo flights in a _____
(aircraft make and model).

Limitations: _____

Signed _____ Date _____
CFI # _____ Exp Date _____

Solo flight (additional 90-day period): § 61.87(p)
I certify that Mr./Ms. _____
(First Name, MI, Last Name) has received the
required training to qualify for solo flight. I have
determined that he/she meets the applicable
requirements of § 61.87(p) and is proficient to make
solo flights in a _____
(aircraft make and model).

Limitations: _____

Signed _____ Date _____
CFI # _____ Exp Date _____

Solo flight (additional 90-day period): § 61.87(p)

I certify that Mr./Ms. _____
(First Name, MI, Last Name) has received the
required training to qualify for solo flight. I have
determined that he/she meets the applicable
requirements of § 61.87(p) and is proficient to make
solo flights in a _____
(aircraft make and model).

Limitations: _____

Signed _____ Date _____
CFI # _____ Exp Date _____