

DATE	AIRCRAFT TYPE	AIRCRAFT IDENT	ROUTE OF FLIGHT		NR INST. APP.	REMARKS AND ENDORSEMENTS	NR T/O	NR LDG	AIRCRAFT
			FROM	TO					
8/2	CB	15-DC	XBP	XBP			1	1	
9/10	3,00	/	XLP	C2T			1	1	
9/15	3,00	/	C2T	XBP			1	1	
10/18	3100	2500	XBP	C2T			1	1	
10/16	3100	2500	C2T	XBP			1	1	
10/15		2500				Biannual			
10/5		XBP	XSP9	XBP			1	1	
11/1	3,00	2500	XBP	C2T			1	1	
11/1	3,00	2500	C2T	XBP			1	1	
11/2	3,00	2500	XBP	C2T			1	1	
11/3	3,00	2500	C2T	XBP			1	1	
11/4	3,00	2500	XBP	C2T			1	1	
11/5	3,00	2500	C2T	XBP			1	1	

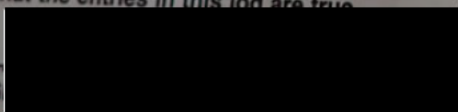
I certify that the entries in this log are true,

PILOT SIGNATURE _____

TOTALS THIS PAGE

AMT. FORWARDED 2024/01/18

TOTALS TO DATE

DATE	AIRCRAFT TYPE	AIRCRAFT IDENT	ROUTE OF FLIGHT		NR INST. APP.	REMARKS AND ENDORSEMENTS	NR T/O	NR LDG	AIRCRAFT
			FROM	TO					
12/1	3100	2520L	XBP	VVA			1	1	
12/1	3100	2520L	UVA	XBP			1	1	
1/15	3100	2520L	XBP	C2T					
1/15	3100	2520L	C2T	XBP					
3/1	3100	2520L	XBP	MLU					
4/1	3100	2520L	MLU	XBP					
4/1	3100	2520L	XBP	KEP			1	1	
7/15	3100	2520L	CNP	XBP			1	1	
7/15	3100	2520L	XBP	CRD			1	1	
7/15	1	1	CRD	XBP			1	1	
7/15	1	1	XBP	C2T			1	1	
I certify that the entries in this log are true						TOTALS THIS PAGE			
PILOT SIG 						AMT. FORWARDED		2024/01/18	
						TOTALS TO DATE			

[illegible]

2024/01/18

726. ~~4~~

[illegible]

REMARKS AND OTHER ENDORSEMENTS



I certify that Heath Smith has presented to me a
valid U.S. passport: # [REDACTED], or original birth certificate:
[REDACTED] State [REDACTED], establishing that he/she is a U.S. citizen, in
accordance with Test (a) (1) (h). Date: 23 Nov 2018
CFI: [REDACTED] CFI #: [REDACTED] Exp. 04/30/19



I certify that Heath C. Smith, Cert. # [REDACTED],
has received the required training of FAR § 61.65 (c), and (d). I have determined he/she is prepared
for the Instrument - Airplane practical test. I further certify that in accordance with § 61.39 (a)(6), I have
given the required training within the preceding 2 calendar months and I find him/her to have
satisfactory knowledge of the subject areas in which the applicant was shown to be deficient by his/her
aeronautical knowledge test.

Date 12/3/2019

Instructor [REDACTED]

CFI # [REDACTED]

Exp. 04/30/2019

2024/01/18

ENDORSEMENTS

Flight Review: §61.56

Heath Smith (First name, MI, Last name), holder of pilot certificate # [redacted] [certificate number], has satisfactorily completed the flight review required by §61.56 on 5/20/09 [date].

Signed [redacted] Date 5/20/09
CFI # [redacted] Expiration 12/10

Flight Review: §61.56

Heath Smith (First name, MI, Last name), holder of pilot certificate # [redacted] [certificate number], has satisfactorily completed the flight review required by §61.56 on 03-04-18 [date].

Signed [redacted] Date 03-04-18
CFI # [redacted] Expiration 082018

Flight Review: §61.56

Heath Smith (First name, MI, Last name), holder of pilot certificate # [redacted] [certificate number], has satisfactorily completed the flight review required by §61.56 on 4/2/14 [date].

Signed [redacted] Date 4/2/14
CFI # [redacted] Expiration 6/15

Flight Review: §61.56

[redacted] (First name, MI, Last name), holder of pilot certificate # [redacted] [certificate number], has satisfactorily completed the flight review required by §61.56 on [redacted] [date].

Signed [redacted] Date [redacted]
CFI # [redacted] Expiration [redacted]

Flight Review: §61.56

Heath Smith (First name, MI, Last name), holder of pilot certificate # [redacted] [certificate number], has satisfactorily completed the flight review required by §61.56 on 9/9/14 [date].

Signed [redacted] Date 9/9/14
CFI # [redacted] Expiration 10/17

Flight Review: §61.56

[redacted] (First name, MI, Last name), holder of pilot certificate # [redacted] [certificate number], has satisfactorily completed the flight review required by §61.56 on [redacted] [date].

Signed [redacted] Date [redacted]
CFI # [redacted] Expiration [redacted]

2024/01/18

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE THIRD CLASS

This certifies that (Full name and address):

HEATH colin SMITH

[REDACTED]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	70	188	BROWN	BLUE	M

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

Limitations

[REDACTED]

Date of Examination
08/01/2019

Examiner's Designation No.

[REDACTED]

Examiner

Signature

[REDACTED]

Typed Name

[REDACTED]

AIRMAN'S SIGNATURE

[REDACTED]

Applicant ID:

[REDACTED]

Control No.:

[REDACTED]

FAA Form 8500-9

(3-12) Supersedes Previous Edition

NSN: 0052-00-570-7002

2024/01/18