

YEAR 2014	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		AIRCRAFT CATEGORY			TYPE OF PILOTING TIME			
			FROM	TO	AIRPLANE THO SEL	AIRPLANE MEL	Complex	GROUND TRAINER	DUAL RECEIVED	PILOT-IN- COMMAND	
7/7	PA28R	4504X	JZI-CBC-BKV		3.4	1	3.4			3.4	
11/8	PA28R	4504X	BKV-X35-SSI-X35-BKV		4.2	1	4.2			4.2	
11/21/15	PA28R	4504X	BKV-FIV-BKV		2.1	1	2.1			2.1	
11/25/15	PA28R	4504X	BKV- ^{QUINCEY} 259-BKV		3.4	1	3.4			3.4	
2/6/16	PA28R	4504X	BKV-CBC		.6	1	.6			.6	
3/6/16	PA28R	4504X	CBC -X35-BKV		2.0	1	2.0			2.0	
4/4/16	PA28R	4504X	BKV-RBW-ACV-HEF		7.0	1	7.0			7.0	
PAGE TOTAL					22.7	11	22.7			22.7	
AMOUNT FORWARD					549.5		343.4		59.8	519.4	
TOTAL TO DATE					572.2		366.1		59.8	542.1	

DAY		NIGHT	
3.4			
4.2			
2.1			
3.4			
.6			
2.0			
7.0			
22.7			
489.6			
512.3			

CONDITIONS OF FLIGHT					NO. INSTR. APPR.	NO. LDG. DAY	TOTAL DURATION OF FLIGHT	REMARKS, PROCEDURES, MANEUVERS
DAY	NIGHT	CROSS-COUNTRY	ACTUAL INSTR.	SIMULATED INSTR.				
3.4	E. 0	3.4				2	3.4	ALTERNATOR BELT REPLACED
4.2	P. 0	4.2				4	4.2	
2.1	P. 0	2.1				2	2.1	
3.4		3.4				2	3.4	
.6						1	.6	FOR ANNUAL
2.0						2	2.0	RETURN FROM ANNUAL
7.0		7.0				3	7.0	
22.7	S. P	20.1				16	22.7	
489.6	61.5	350.7				854/43	562.1	
512.3	61.5	370.8				870/43	584.8	

I certify that the statements made by me on this form are true.

PILOT'S SIGNATURE

Complete All Items

CERTIFICATE OF PILOT QUALIFICATION

Full name and address

REL'S JR.

Height Weight

al standards prescribed by the Federal Aviation Administration, for this class of aircraft

low

2.5

oken

991 b1r

ab

Examine

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

Yes (Explain Below)

YEAR 2015	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		AIRCRAFT CATEGORY			TYPE OF PILOTING TIME			
			FROM	TO	AIRPLANE SEL	AIRPLANE MEL	COMPLEX	GROUND TRAINER	DUAL RECEIVED	PILOT-IN- COMMAND	
	PAZBR	4504X	HEP-RBW-BKV		6.3		6.3			6.3	
	PAZBR	4504X	BKV-CBC		0.4		0.4			0.4	
	PAZBR	4504X	CBC-X35-BKV		0.9		0.9			0.9	
	PAZBR	4504X	BKV-X35-BKV		1.8		1.8		1.8	3.4	
	PAZBR	4504X									
	PAZBR	4504X									
	PAZBR	4504X									
	PAZBR	4504X	BKV-BKV		0.6		0.6			0.6	
PAGE TOTAL					10.0		10.0		1.8	8.2	
AMOUNT FORWARD					572.2		366.1		59.8	542.1	
TOTAL TO DATE					582.2		376.1		61.6	550.3	

FLIGHT REVIEW SATISFACTORILY
COMPLETED IAW CFR 61.56 INCLUDING
1.8 HRS OF FLIGHT REVIEW &
1.5 HRS OF GROUND REVIEW

CONDITIONS OF		
DAY	NIGHT	CROSS- COUNTRY
6.3	9.1	6.3
0.4	0.4	
0.9	0.9	0.9
1.8	1.8	
10.0	8.2	7.2
512.3	61.5	376.1
522.3	61.5	376.0

CONDITIONS OF FLIGHT				NO. INSTR. APPR.	NO. LDG.	TOTAL DURATION OF FLIGHT	REMARKS, PROCEDURES, MANEUVERS
DAY	NIGHT	CROSS-COUNTRY	ACTUAL INSTR.				
6.3		6.3			2	6.3	
.4					1	.4	REPAIR WORK
.9		.9			2	.9	
1.8					5	1.8	REVIEW SLOW FRIGHT, STALL REC. & RECOVERY HOFF + HIGH STALL, STEEP TURN 60 DEG SIM. ENGINE FAILURE, ENG. CLIMB OUT PROCEDURE, VOR. NAV. INTERCEPT, TRACKING SIM. INSTRUMENTS, SET-UP, TRANS. HOFF LO SOFT, SHORT FIGHT, 10 + 100
0.6					4	0.6	TOUCH & GO'S
10.0		7.2			14	10.0	I certify that the statements made by me on this form are true.
512.3	61.5	370.8		4.3	870 43	584.8	
522.3	61.5	378.0		4.6	884 43	594.8	

Complete All Names ()

Req. -

CERTIFICATE TO CL

121212 PILOT CERTIFICATE

(Full name and name)

RTAN (SLS JR

ORMIN

ASTAT

Height	Weight	Age	DOB	Sex

al standards prescribed for this class (Males)

lan

like low

like 2 st

broken &

191 bir

re ab

Examined

[illegible]

☒ Yes (If Yes, List Below)
 In Last 3 Years.
 Name, and Type of Health Professional Consulted
 Dr. [illegible]
 Date of Consultation [illegible]
 Reason for Consultation [illegible]

25. Applicant's National Driver Register
 [illegible]
 [illegible]
 [illegible]

NOTE: All persons using this form must sign it, with a statement of truthfulness, and submit it to the Department of Transportation, Bureau of Motor Vehicle Safety, Washington, D.C. 20590.

YEAR	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		AIRCRAFT CATEGORY			TYPE OF PILOTING TIME			
DATE			FROM	TO	AIRPLANE SEL	AIRPLANE MEL	COMPLEX	GROUND TRAINER	DUAL RECEIVED	PILOT-IN-COMMAND	VAC
8/16/66	PA20R	4504X	BKV	X35/20R	1.9		1.9		8.0	1.9	
9/12/66	PA20R	4504X	250	BKV	1.3		1.3			1.3	
10/27/66	PA20R	4504X	BKV-X35	259	3.0		3.0		P.	3.0	P.
11/30/66	PA20R	4504X	259-BKV	X35-BKV	2.2		2.2			2.2	
2017											
12/17/66	PA20R	4504X	BKV	BKV	1.7		1.7			1.7	
1/20/67	PA20R	4504X	BKV	SEF	1.2		1.2			1.2	
PAGE TOTAL					10.3		10.3		5.5	10.3	0.0
AMOUNT FORWARD					582.2		376.1		61.6	550.3	0.0
TOTAL TO DATE					592.5		386.4		61.6	560.6	0.0

DAY	NIGHT
1.9	
1.3	
3.0	
2.2	
1.2	
9.6	
572.3	61.6
531.9	67.2

CONDITIONS OF FLIGHT					NO. INSTR. APPR.	NO. LDG.	TOTAL DURATION OF FLIGHT	REMARKS, PROCEDURES, MANEUVERS
DAY	NIGHT	CROSS- COUNTRY	ACTUAL INSTR.	SIMULATED INSTR.				
1.9		1.9		5.1		2	1.9	
1.3		1.3				1	1.3	
3.0		3.0				2	3.0	
2.2		2.2				2	2.2	
	.7					3	.7	NIGHT CURRENCY
1.2		1.2				1	1.2	
9.6	.7	9.6				8/3	10.3	I certify that the statements made by me on this form are true.
572.3	61.5	378.0		4.6		884/43	594.8	
531.9	62.2	387.6		4.6		882/46	605.1	

YEAR 2017	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		AIRCRAFT CATEGORY			GROUND TRAINER	TYPE OF PILOTING	
			FROM	TO	AIRPLANE SEL	AIRPLANE MEL	COMPLEX		DUAL RECEIVED	PILOT-IN- COMMAND
11/26/17	PA28R	4504X	SEF	BKV	P.1	2	1.2		P.1	1.2
12/10/17	PA28R	4504X	250	BKV	E.1	3	1.3		E.1	1.3
1/23/18	PA28R	4504X	BKV	185-279	O.2	5	3.0		O.2	3.0
1/30/18	PA28R	4504X	185-279	BKV	S.2	5	2.2		S.2	2.2
2/17/18	PA28R	4504X	BKV	185-279	P.1	7	1.7		P.1	1.7
5/11/18	PA28R	4504X	BKV	185-279	S.1	2	1.2		S.1	1.2
PAGE TOTAL					E.1	3	10.3		2.3	10.3
AMOUNT FORWARDED					592.5		386.4		161.6	560.6
TOTAL TO DATE					592.5		386.4		161.6	560.6

FLIGHT REVIEW

I certify that (First name, MI, Last name) JASPER W. FARRELS
 (pilot certificate) PPL, (certificate number) [REDACTED]
 has satisfactorily completed the flight review required in §61.56(a) on (date) 08-13-2016 Incl. Log 1.8 hrs. of flight time
 SIGNED [REDACTED] DATE 08-13-16
 CFI NO. [REDACTED] EXPIRATION DATE 8-16

I certify that (First name, MI, Last name) _____
 (pilot certificate) _____, (certificate number) _____
 has satisfactorily completed the flight review required in §61.56(a) on (date) _____
 SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

I certify that (First name, MI, Last name) _____
 (pilot certificate) _____, (certificate number) _____
 has satisfactorily completed the flight review required in §61.56(a) on (date) _____
 SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

I certify that (First name, MI, Last name) _____
 (pilot certificate) _____, (certificate number) _____
 has satisfactorily completed the flight review required in §61.56(a) on (date) _____
 SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

I certify that (First name, MI, Last name) _____
 (pilot certificate) _____, (certificate number) _____
 has satisfactorily completed the flight review required in §61.56(a) on (date) _____
 SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____

I certify that (First name, MI, Last name) _____
 (pilot certificate) _____, (certificate number) _____
 has satisfactorily completed the flight review required in §61.56(a) on (date) _____
 SIGNED _____ DATE _____
 CFI NO. _____ EXPIRATION DATE _____