Weight 195 | Hair BROWN

Regulations, for this class of Medical Certificate.

Limitations

Must wear corrective lenses.

The Standard Pilot Log

Name GARY HUTTESTON **Logbook Number** _____

Permanent Mailing Address [redacted] **From** _____

[redacted] **To** _____

Certificates Held

Type	Date Issued	Certificate Number
STUDENT PILOT		
SPORT PILOT		
RECREATIONAL PILOT		
PRIVATE PILOT ✓		
COMMERCIAL PILOT		
FLIGHT INSTRUCTOR		
AIRLINE TRANSPORT PILOT		
AVIATION TECHNICIAN		
GROUND INSTRUCTOR		

Rating Record

- ☑ AIRPLANE ☑ INSTRUMENT
- ☑ SINGLE ENGINE: ☐ LAND ☐ SEA
- ☐ MULTI-ENGINE: ☐ LAND ☐ SEA
- ☐ MULTI-ENGINE: Limited to Center Line Thrust
- ☐ GLIDER ☐ AERO TOW ☐ WINCH TOW
- ☐ POWERED PARACHUTE ☐ WEIGHT-SHIFT CONTROL
- ☐ ROTORCRAFT ☐ HELICOPTER ☐ GYROPLANE
- ☐ LIGHTER-THAN-AIR ☐ AIRSHIP ☐ BALLOON
- ☐ POWERED LIFT
- ☐ GI BASIC ☐ GI ADVANCED ☐ GI INSTRUMENT
- ☐ OTHER RATINGS (Specify) _____

Aircraft Type Ratings

_____

YEAR 20 13 14 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL	GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND
8/27	M20P	N6075Q	CPE	AIK	1 2	~~1 2~~			1 2
9/29			AIK	AIK	2	~~2~~			2
10/17			AIK	HGR/CZG	4 3	~~4 3~~			4 3
10/21			CZG/W78/DAN/AIK		4 9	~~4 9~~			4 9
12/30	↓	↓	AIK	AIK	8	~~8~~			8
12/30	A36 BE	N3667S	AIK	AIK	1 3				1 3
5/4/14	M20P	N6075Q	AIK	AIK	5				5
PAGE TOTAL					13 2			0	13 2
AMOUNT FORWARD					1849			1365	18224
TOTAL TO DATE					1863 1			1365	18356

has [redacted] Weight 195 | Hair BROWN | Eyes BROW

Regulations, for this class of Medical Certificate.

Limitations: Must wear corrective lenses.

Date of

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
1	2						3				1	1	2	
	2										1		2	
4	3			4	3						2	4	3	
4	9			4	9						3	4	9	
	8							8	6		1		8	SAFETY PILOT 0 MILES HOLDING VOR TRACKING ILS, VOR, GPS
1	3										0	1	3	SAFETY PILOT FOR DAVID MILES
	5										1		5	
13	2			9	2				7	6	9	13	2	
1620	2	299	2	1291	9	246	8	103	5	431	~~1908~~ 1915	1849	9	
1633	4	299	2	1301	1	247	1	104	2	437	1924	1863	1	

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

PILOT'S SIGNATURE

YEAR 20 14 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL		GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND
5 16	M20P	N6075Y	AIK	AIK	5					5
5 17			AIK	AIK	7					7
6 18			AIK	AIK	7					7
6 19			AIK	SDF	2 5					2 5
6 22			3M4	TYS	AIK	2 0				2 0
7 18			AIK	AIK	1 0					1 0
				PAGE TOTAL	7 4					7 4
				AMOUNT FORWARD	1863 1				136 5	1835 6
				TOTAL TO DATE	1871 5				136 5	1843 0

10
1.9
11.9

Limitations

Must wear corrective lenses.

BROWN

standards prescribed in
for this class of Medical Certific

Date of Ex

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
5											2 /	5		
1											1 /	1		
1											1 /	1		
											/			
2	5			2	5	1 5 / ~~2 5~~				1	2 /	2	5	
2	0			2	0	1 2 / ~~2 0~~					2 /	2	0	
1	0									9 6	1 /		9	T ILS IVOR HOLDING SAFETY 4 GPS VOR TRACKING PILOT D MILES
7	4			4	5	2	7			9 7	9 / 0	7	4	
1633	4	299	2	1301	1	247	1	104	2	437	1924 / 1863	1		
1640	8	299	2	1305	6	249	8	105	1	444	1933 / 1870	5		

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

[redacted]

PILOT'S SIGNATURE

YEAR 20 14 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL		AIRPLANE MEL				GROUND TRAINER		TYPE OF PILOTING TIME DUAL RECEIVED		PILOT-IN-COMMAND	
7/18	A36 BE	N3667S	AIK	AIR	1	3									1	3
8/1	M20P	N6075A	AIK	HGR CZG	4	3									4	3
8/3			CZG	DAN AIK	4	5									4	5
8/19			AIK	AVL	1	0									1	0
8/21			AVL	AIK	1	0									1	0
8/30			AIK	AIK		2										2
11/26	↓	↓	AIK	AIK		2										2
PAGE TOTAL					12	5									12	5
AMOUNT FORWARD					1820	5									1843	0
TOTAL TO DATE					1883	0							136	5	1855	5

Limitations

Must wear corrective lenses.

BROWN

Ey

BRO

for this class of Medical Certificate.

standards prescribed in part 67

Date

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
1	3										/	1	3	SAFETY PILOT FOR 2 MILES
4	3			4	3	3	0			1	2 /	4	3	
4	5			4	5	2	1				2 /	4	5	
1	0			1	0						1 /	1	0	
1	0			1	0						1 /	1	0	
	2										1 /		2	
	2										1 /		2	
12	5			16	8	5	1			1	9 / 0	12	5	
1640	8	299	2	1305	6	249	8	105	1	444	1933 /	1870	5	
1653	3	299	2	1316	4	254	9	105	1	445	1942 /	1883	0	

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

[redacted]

PILOT'S SIGNATURE

YEAR 20 15 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL	GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND
3/29	M20C	N6075Q	AIK	AIK	6				4
3/30	"	"	AIK	AIK	9				9
5/31	"	"	AIK	AIK	6				6
6/5	"	"	AIK	S17/AIK	10				10
6/29	"	"	AIK	AIK	5				5
7/11	"	"	AIK/HGR/KCZG		42				42
7/14	"	"	CZG/DAN/AIK		48				48
			PAGE TOTAL		126				126
			AMOUNT FORWARD		18830			13655	18555
			TOTAL TO DATE		18956			13655	18681

22.5

Limitations

Must wear corrective lenses.

CONDITIONS OF FLIGHT																		NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.														
	4																		3 /		4	
	9									8								6	1 /		9	11 ILS, 1 VOR, 4 GPS HOLDING, VOR TRACKING
	6																		3 /		6	
1	0																		6 /	1	0	FLIGHT REVIEW SATISFACTORY [redacted]
	5																		1 /		5	
4	2			4	2	2	2	~~2 2~~											2 /	4	2	
4	8			4	8	2	0	~~2 0~~ 4											2 /	4	8	
12	6			9	0	4	2	-		8	6								18 /	12	6	
1653	3	299	2	1316	4	2549		105	1	445									1942 /	1883	0	
1665	9	299	2	1325	4	259	1	1059		451									1960 /	1895	6	

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

[redacted]

PILOT'S SIGNATURE

YEAR 20 15 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL		GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND
7/17	~~M20J AIK~~	~~N6075Q~~	AIK	HAO	3 1					3 1
7/19			HAO	AIK	2 8					2 8
8/14			AIK	CRE	1 4					1 4
8/17			CRE	AIK	1 3					1 3
7/19	A36 BE	N3667S	AIK	AIK	1 2					1 2
914			AIK FRL DGY 3MY		4 4					4 4
917			3MY SCX AIK		4 8					4 8
			PAGE TOTAL		1 9 0					1 9 0
			AMOUNT FORWARD		1895 6				1365	18681
			TOTAL TO DATE		1914 6				1365	18871

DAY

3
2
1 4
1 3
1
2
4 4
4 8
9 0
6 5 9
8 4 9

met the medical standards prescribed in p
Regulations, for this class of Medical Certificat

Weight	Hair
195	BROWN

Limitations: Must wear corrective lenses.

NG TIME

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
3	1			3	1	1	5				1 /	3	1	
2	8			2	8	1	6				1 /	2	8	
1	4			1	4		5				1 /	1	4	
1	3			~~+3~~							1 /	1	3	
1	2			~~+3~~							0 /	1	2	SAFETY PILOT FOR DAVID MILES
4	4			4	4	2	0				3 /	4	4	
4	8			4	8						2 /	4	8	
190				165		56				0	9 /	190		
1665	9	299	2	1325	4	259	1	1059		451	1960 /	1895	6	
1684	9	299	2	1341	9	264	7	1059		451	~~1969~~ /	1914	6	

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

[redacted]

~~PILOT'S~~ SIGNATURE

YEAR 2015 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL		GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND	
9/18	M20P	N6075Y	AIK	AVL	1.0					1.0	
9/20			AVL	AIK	1.0					1.0	
11/15			AIK	AIK	1.0					1.0	
11/29			AIK	ONEIL'S	3					3	
12/13			ONEIL'S	AIK	2					2	
16 2/28			KAIK	AIK	7					7	
5/6	M20P	N591PH	AIK	AIK	1.1					1.1	
PAGE TOTAL					5.3					5.3	
AMOUNT FORWARD					1914.6				136.5	1887.1	
TOTAL TO DATE					1919.9				136.5	1892.4	

Limitations	Must wear corrective lenses.

Regulations, for this class of Medical Certificate

Weight	Hair
195	BROWN

74

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
1	0			1	0						1	1	0	
1	0			1	0						1	1	0	
1	0								9	6	1	1	0	1 ILS, 1 VOR, 4 GPS, tracking VOR, HOLDING SAFETY PILOT DAVID MILES
	3										1		3	
	2										1		2	
	1									#	1		1	
1	1											1	1	SAFETY PILOT FOR DAVID MILES
5	3			2	0				9	6	6	5 ~~9~~	3 ~~6~~	
1684	9	299	2	1341	9	264	7	105	9	451	1969	1914	6	
1690	2	299	2	1343	9	264	7	106	8	457	1975	~~24~~ 1919	2 9	

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

[redacted]

PILOT'S SIGNATURE

YEAR 2016 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL		GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND	
5/06	M20P	N6075P	AIK	AIIK	8					8	
7/19			AIK	AIIK	6					6	
7/17			AIK	AIIK	6					6	
7/18			AIK	KRYY	1 2					1 2	
7/19			KRYY	KEVV	2 8					2 8	
7/19			KEVV	3MY	1 8					1 8	
7/27			3MY	KHAO	1 9					1 9	
				PAGE TOTAL	9 7					9 7	
				AMOUNT FORWARD	1919 9				136 5	18924	
				TOTAL TO DATE	1929 6				136 5	19021	



YEAR 20__ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL		AIRPLANE MEL				GROUND TRAINER		TYPE OF PILOTING TIME DUAL RECEIVED		PILOT-IN-COMMAND	
7/24	M20P	N60750	KHAO	KPMH		9										9
7/24			KPMH	KRKY	2	3										23
7/24			KRKY	KAIK	1	3										13
8/14			KAIK	KAIK		6										6
8/18			KAIL/KCHA/KJWN		3	2										3
			KJWN/KMQY/KJWN			5										5
8/24			KJWN	KAIK	2	5										25
PAGE TOTAL					11	3										11 3
AMOUNT FORWARD					1929	6							136	5	1902	1
TOTAL TO DATE					~~1929~~ 19409	~~6~~							136	5	19134	

Weight	Hair
195	BROWN

Limitations: Must wear corrective lenses.

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
	9				9		2				1 /		9	
2	3			2	3		5				1 /	2	3	
1	3			1	3		7				1 /	1	3	
	6										1 /		6	
3	2			3	2	1	2			2	2 /	3	2	
	5						5				1 /		5	
2	5			2	5		7				1 /	2	5	
11	3		0	10	2	3	8			2	8 /	11	3	
16999	299		2	13516		266	0	1075		463	1382 /	19296		
17112	299		2	13618		269	8	1075		465	1990 /	19409		

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

[redacted]

PILOT'S SIGNATURE

YEAR 20 11 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL		AIRPLANE MEL				GROUND TRAINER		TYPE OF PILOTING TIME DUAL RECEIVED		PILOT-IN-COMMAND	
9/11	M20P	N6075Q	KAIK	KAIK		6										6
9/16	1	1	KAIL/CSG/AIK		3	1									3	1
12/3	1	1	KAIK	KAIK	1	0									1	0
12/3	M20F	N591PH	KAIK	KAIK	1	1									1	1
12/29	M20P	N6075Q	AIK	AIB		2										2
2/7		1	AIB	AIK		2										2
2/9		1	AIL	AVL	1	1									1	1
PAGE TOTAL					7	3									7	3
AMOUNT FORWARD					1940	9							136	5	1913	4
TOTAL TO DATE					1948	2							136	5	1920	7

Limitations	Must wear corrective lenses.
	Must meet the medical standards prescribed in part 6 Regulations, for this class of Medical Certificate.

Weight	Hair	
74	195	BROWN

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG.	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.			DAY / NIGHT			
	6										1		6	
3	1			3	1		3			1	2	3	1	
1	0								9	6	1	1	0	IVOR ILS, ARNAV, HOLDING VOR TRACKING SAFETY PILOT DMILES
1	1										0	1	1	SAFETY PILOT FOR DAVID MILES
	2										1		2	
	2										1		2	
1	1			1	1						1	1	1	
7	3			4	2		3		9	7	7	7	3	
1711	2	299	2	1361	8	269	9	1075		465	1990	1940	9	
1718	5	299	2	1366	0	270	1	108	4	472	1997	1948	2	

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

PILOT'S SIGNATURE

YEAR 20 17 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL		AIRPLANE MEL		GROUND TRAINER		TYPE OF PILOTING TIME DUAL RECEIVED		PILOT-IN-COMMAND		DAY
7/12	M20P	N6075Q	AVL	AIK	1	1							1	1	
7/25	1	|	AIK	KHEL AIK	1	6							1	6	1
6/9	|	|	AIK	AIK	1	0							1	0	1
6/24	|	|	AIK	AIK		9								9	
6/24	M20F	N591 PH	1	1		8								8	
7/13	M20P	N6075Q	AIK	KHAO	3	0							3	0	3
7/10	M20P	N6075Q	KHAO/KPMK/KAIK		3	3							3	3	3
PAGE TOTAL													11	7	
AMOUNT FORWARD													19207		
TOTAL TO DATE													19324		

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
1	1			1	1		4			1	1	1	1	1 ILS
1	6						4				4	1	6	
1	0										1	1	0	
	9								8		1		9	1 ILS 4 GPS 1 HOLDING 1 VOR TRACKING SAFETY PILOT DAVID MILES
	8										1		8	
3	0			3	0						1	3	0	
3	3			3	3		7				1	3	3	

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

PILOT'S SIGNATURE

Limitations

Must wear corrective lenses.

Hair BROWN

Eyes BROW

Weight 195

74

[redacted]

YEAR 20___ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL	AIRPLANE MEL		GROUND TRAINER	TYPE OF PILOTING TIME DUAL RECEIVED	PILOT-IN-COMMAND	
8/2	M20C	N60754	AIK ~~HGR~~	AGZ CZG	5	5				5	5
8/6			CZG	DAN AIK	4	5				4	5
12/17			AIK	AIK		7					7
1/21/18			AIK	AIK		8					8
2/24			AIK	AIK		5					5
4/8			AIK	AIK		5					5
5/12			AIK	AIK		1				1	6
				PAGE TOTAL						14	1
				AMOUNT FORWARD						~~B~~324	
				TOTAL TO DATE						1946	5

CONDITIONS OF FLIGHT										NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY		NIGHT		CROSS-COUNTRY		ACTUAL INSTR.		SIMULATED INSTR.						
5	5			5	5	1	2				2 /	5	5	
4	5			4	5	1	3				2 /	4	5	
	7						7				1 /		7	
	8								1		1 /		8	6 APPROACHES W/ TRACKING, HOLDING 240 MILES
	5										1 /		5	
	5										2 /		5	
1	0										1 /	1	0	
											/			
											/			
											/			

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

PILOT'S SIGNATURE

YEAR 20___ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL FROM	TO	AIRCRAFT CATEGORY AIRPLANE SEL		AIRPLANE MEL				GROUND TRAINER		TYPE OF PILOTING TIME DUAL RECEIVED		PILOT-IN-COMMAND	
6/9	M20P N6075Q	→	AIK	AIK	1	0									1	0
6/23	M20P	N6075Q	1	1		7										7
6/27			KAIK/HGR/KLZG		4	1									4	1
7/1			KLZG/DAN/KAIK		5	0									5	0
7/28			AIK	AIK	1	0									1	0
10/20			AIK	AIK		8										8
12/22			AIK	AIK	1	2									1	2
				PAGE TOTAL												
				AMOUNT FORWARD												
				TOTAL TO DATE												

11.4

[redacted]

Weight 195 | Hair BROWN

Must wear corrective

CONDITIONS OF FLIGHT								NO. INSTR. APPR.	NO. LDG. DAY / NIGHT	TOTAL DURATION OF FLIGHT		REMARKS, PROCEDURES, MANEUVERS
DAY	NIGHT	CROSS-COUNTRY	ACTUAL INSTR.	SIMULATED INSTR.								
1 0									1 /	1	0	
:7									1 /		7	
4 7		4 7	2 5					2	2 /	4	7	VOR ILS
5 0		5 0	1 2						2 /	5	0	
1 0						9	6		1 /	1	0	1 VOR, 4 GPS, 1 ILS, VOR TRACKING DAVID MILES SAFETY PILOT
8									1 /		8	
1 2						1 0	6		1 /	1	2	1 VOR 3 GPS, 2 ILS VOR TRACKING DAVID MILES safety pilot
									/			
									/			
									/			

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

PILOT'S SIGNATURE

FLIGHT REVIEW

I certify that *(First name, MI, Last name)* EARY HUTTLESTON
(pilot certificate) COMMERCIAL, *(certificate number)* [redacted]
has satisfactorily completed the flight review required in §61.56(a) on *(date)*
_____.

SIGNED [redacted] DATE 6/5/2015
CFI [redacted] EXPIRATION DATE 7/2016

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)* Gary Huttleston,
(pilot certificate) Commercial, *(certificate numb* [redacted]
has satisfactorily completed the flight review required in §61.56(a) on *(date)*
6/9/17.

SIGNED [redacted] DATE 6/9/17
CFI N [redacted] EXPIRATION DATE 06/18

I certify that *(First name, MI, Last name)* _____,
ilot 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. _____ ATION 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 _____

FLIGHT REVIEW

I certify that *(First name, MI, Last name)* EARL HUTTLESTON,
(pilot certificate) COMMERCIAL, *(certificate num* [redacted]
has satisfactorily completed the flight review required in §61.56(a) on *(date)*
_____.
SIGNED [redacted] DATE 6/5/2015
CFI [redacted] EXPIRATION DATE 12/2016

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)* Gary Huttleston,
(pilot certificate) Commercial, *(certificate number)* [redacted]
has satisfactorily completed the flight review required in §61.56(a) on *(date)*
6/9/17
SIGNED [redacted] DATE 6/9/17
CFI NO. [redacted] EXPIRATION DATE 06/18

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 _____