

The Standard
 PILOT LOG

ASA-SP-30

2/1/76

THE PILOT'S FLIGHT LOG AND RECORD

ADDITIONAL ENDORSEMENTS:

has determined that he/she
is training at all awareness.
Received by flight instructor

DATE _____

ON DATE _____

complete ground instructor
and (a)(4).

DATE _____

ON DATE _____

(b) within the preceding two
years is prepared for the (name

subject) areas shown to be
covered by (811.28(a)(5)(ii)).

DATE _____

ON DATE _____

Terminal Area Forecast TAF

THE PILOT'S FLIGHT LOG AND RECORD

THIS LOGBOOK CONTAINS IMPORTANT AERONAUTICAL RECORDS.
IF THE PILOT CANNOT BE LOCATED, PLEASE RETURN TO SPORTY'S PILOT SHOP.

FOR ADDITIONAL FIRST FLIGHT LOGS (#8128A)
AND OTHER PILOT SUPPLIES, CONTACT:

sporty's[®] pilot shop

CLERMONT COUNTY / SPORTY'S AIRPORT

2001 SPORTYS DRIVE

BATAVIA, OHIO 45103-9747

1.800.SPORTYS • FAX 1.513.735.9200

SPORTYS.COM

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ENTRIES FROM 11-6-18
THROUGH _____

THIS LOGBOOK MEETS ALL FEDERAL AVIATION REGULATION
PART 61 (14 CFR 61) REQUIREMENTS FOR THE RECORDING OF FLIGHT TIME.

NAME

Carl Lindros

ADDRESS

ADDRESS CHANGES

Sanle Barbara CA 93101

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SPORTY'S PILOT SHOP • CLERMONT COUNTY / SPORTY'S AIRPORT • 2001 SPORTYS DRIVE • BATAVIA, OHIO 45103-8747

CERTIFICATES				RATINGS		
TYPE	DATE OF WRITTEN	CERTIFICATE NUMBER	DATE OF ISSUE	CATEGORY, CLASS OR TYPE	DATE OF WRITTEN	DATE OF ISSUE
STUDENT				AIRPLANE-SINGLE ENGINE LAND		
SPORT				INSTRUMENT		
RECREATIONAL						
PRIVATE						
COMMERCIAL						

1. U_1
 2. U_2
 3. U_3
 4. U_4
 5. U_5
 6. U_6
 7. U_7
 8. U_8
 9. U_9
 10. U_{10}
 11. U_{11}
 12. U_{12}
 13. U_{13}
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 100. U_{100}

LANDINGS	
DAY	NIGHT
3	
3	1
1	1
2	1

ADDITIONAL ENDORSEMENTS

COMPLEX AIRPLANE

TAILWHEEL

20

✓

THOLDS	NAV TRACK	SIMULATOR OR FTD
		15
		15
		15
		15
		15
		15
		90

LANDINGS		TYPE OF PILOT EXPERIENCE OR TRAINING						
DAY	NIGHT	GROUND TRNG REC'D	FLIGHT TRNG REC'D	CROSS COUNTRY	NIGHT	SOLO	PILOT IN COMMAND	
		10						H-1LS APP
		5						6 ILS-2 RAW OUT 4 ED 1 GPS WIT RT
		5						B/C DED SAT 134 APPS MX MTS HOLD
		5						1LS SMX
		5						4 ILS 2 WITH ED 2 RAW DATA 1 MRS
		5						2 ILS 200 1 WITH F/D 1 WITH OUT F/D
								1 GRS 7 APP
3							10	Local Airwork
3	1						11	✓
1	1						38	Roseville TD - Pitamber
2	1						80	Santa Fe TD - Debra Lyon
		5						4 ILS WITH F/D 1LS RAW DATA
		35					139	

2019 DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT	ROUTE OF FLIGHT		DURATION OF FLIGHT	AIRCRAFT CATEGORY & CLASS		INSTRUMENT					SIMULATOR OR FTD
			FROM	TO		AIRPLANE SEL		ACTUAL	SIMULATED	INSTRUMENT APPROACHES	HOLDS	NAV/ TRACK	
3/24	LNC4	N665P	OXR	STS	1:3								
1			STS	OXR	1:4								
4/1			OXR	PRB	8								
1			PRB	SAC	9								
1			SAC	OXR	1:4								
4/4	AATD	-	X	PLANE	/								15
5/14	AATD	-	X	PLANE	/								15
5/18	LNC4	N615P	OXR	LCM	8								
6/28			OXR	KVCB	1:9								
1			KVCB	-O41- OXR	2:0								
THIS RECORD IS CERTIFIED TRUE AND CORRECT			PAGE TOTALS										3-
			PREVIOUS TOTALS										9-
PILOT'S SIGNATURE			NEW TOTALS										12

ADDITIONAL ENDORSEMENT
COMPLEX AIRPLANE
I certify that (First name, MI, Last name)

LANDINGS		
DAY	NIGHT	GROSS TRAINING
1		
	1	
1		
1		
	1	
3		
1		
2		

certify that (First name, MI, Last name)

I certify that (First name, MI, Last name)

(continued)

(certificate number)

24

✓

		SIMULATOR OR FTD
HOLDS	NAV/ TRACK	
		15
		15
		3 -
		9 -
		12

LANDINGS		TYPE OF PILOT EXPERIENCE OR TRAINING							
DAY	NIGHT	GROUND TRNG REC'D	FLIGHT TRNG REC'D	CROSS COUNTRY	NIGHT	SOLO	PILOT IN COMMAND		
1							1 3	Guernseyville TD	
	1						1 4	✓	
1							8	Templeton - knoll	
1							9	SPAN - SAC Indus II	
	1						1 4	1 1	
		5	15	[REDACTED]			4	4-1LS OXR 2 WITH F/D 1 MISS RA	
			15				1- HOLD 2 WITH F/D 2 RAW DATA 100		
							4 15	APP WITH MISS + HOLD 1605 + PP	
3							8		
1							1 9	Mt Tree - Vacaville TD Pitambar	
2							2 6	Woodland - DUNNIGAN - TD'S	
		5					11 1		
		3 5					13 9		
		4 0					25 -		

ADDITIONAL ENDORSEMENTS

COMPLEX AIRPLANE

First name, MI, Last name

STUDENT PILOT - PRE-SOLO AERONAUTICAL KNOWLEDGE

I CERTIFY THAT MR./MS. _____ HAS SATISFACTORILY COMPLETED THE PRE-SOLO KNOWLEDGE EXAM OF §61.87 FOR THE _____ (aircraft make & model).
DATE _____ CFI _____
CFI NO. _____ EXP. _____

STUDENT PILOT - SOLO FLIGHT

I CERTIFY THAT MR./MS. _____ HAS RECEIVED THE REQUIRED PRE-SOLO TRAINING IN A _____ (aircraft make & model). I HAVE DETERMINED HE/SHE HAS DEMONSTRATED THE PROFICIENCY OF §61.87 AND IS PROFICIENT TO MAKE SOLO FLIGHTS IN A _____ (aircraft make & model), SUBJECT TO THE FOLLOWING CONDITIONS: _____ (ceiling, visibility, wind, etc.).

DATE _____ CFI _____
CFI NO. _____ EXP. _____

STUDENT PILOT - SOLO FLIGHT

I CERTIFY THAT MR./MS. _____ HAS RECEIVED THE REQUIRED PRE-SOLO TRAINING IN A _____ (aircraft make & model). I HAVE DETERMINED HE/SHE HAS DEMONSTRATED THE PROFICIENCY OF §61.87 AND IS PROFICIENT TO MAKE SOLO FLIGHTS IN A _____ (aircraft make & model), SUBJECT TO THE FOLLOWING CONDITIONS: _____ (ceiling, visibility, wind, etc.).

DATE _____ CFI _____
CFI NO. _____ EXP. _____

STUDENT PILOT - SOLO TAKEOFFS AND LANDINGS AT AN AIRPORT WITHIN 25 NM

I CERTIFY THAT MR./MS. _____ HAS RECEIVED THE REQUIRED TRAINING OF §61.93. I HAVE DETERMINED THAT HE/SHE IS PROFICIENT TO PRACTICE SOLO TAKEOFFS AND LANDINGS AT _____ AIRPORT, SUBJECT TO THE FOLLOWING CONDITIONS: _____ (ceiling, visibility, wind, etc.).

DATE _____ CFI _____
CFI NO. _____ EXP. _____

STUDENT PILOT - SOLO TAKEOFFS AND LANDINGS AT AN AIRPORT WITHIN 25 NM

I CERTIFY THAT MR./MS. _____ HAS RECEIVED THE REQUIRED TRAINING OF §61.93. I HAVE DETERMINED THAT HE/SHE IS PROFICIENT TO PRACTICE SOLO TAKEOFFS AND LANDINGS AT _____ AIRPORT, SUBJECT TO THE FOLLOWING CONDITIONS: _____ (ceiling, visibility, wind, etc.).

DATE _____ CFI _____
CFI NO. _____ EXP. _____

STUDENT PILOT - INITIAL SOLO CROSS-COUNTRY FLIGHT

I CERTIFY THAT MR./MS. _____ HAS RECEIVED THE REQUIRED TRAINING OF §61.93 AND IS PROFICIENT TO MAKE SOLO CROSS-COUNTRY FLIGHTS IN A _____ (aircraft make & model), SUBJECT TO THE FOLLOWING CONDITIONS: _____ (ceiling, visibility, wind, etc.).

DATE _____ CFI _____
CFI NO. _____ EXP. _____

FLIGHT REVIEW

I certify that (First name, MI, Last name) Carl E. Lindros,
(pilot certificate) [REDACTED], (certificate number) _____,
has satisfactorily completed the flight review required in §61.56(a) on (date) _____.

SIGNED _____ DATE 3/24/18
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 _____

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 _____

4/21/19 J20

4/21/19 Joel Recommends Terri Harris

Flight Review

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