

YEAR 20__ DATE	AIRCRAFT MAKE and MODEL	AIRCRAFT IDENTIFICATION NUMBER	POINTS OF DEPARTURE & ARRIVAL		AIRCRAFT CATEGORY and CLASSIFICATION					TYPE OF PILOTING TIME			
			FROM	TO	AIRPLANE SINGLE ENGINE LAND	AIRPLANE MULTI-ENGINE LAND	ROTORCRAFT HELICOPTER			DUAL RECEIVED	PILOT-IN- COMMAND	SECOND-IN- COMMAND	AS FLIGHT INSTRUCTOR
											1.2		
8/24/22	PA28	629	CLB	MU-KM	1.2						1.2		
8/25/22	CE414	47616	H	"	1.2						1.2		
8/30/22	PA28	629	CLB	ELB - CMV	1.2						1.2		
9/14/22	"	"	CON	MCC-CON	1.2						1.2		
9/15/22	"	"	"	"	1.2						1.2		
9/22/22	"	"	"	"	1.2						1.2		
9/29/22	PA28	629	CLB	MCC-CON	1.2						1.2		
10/6/22	"	"	"	"	1.2						1.2		
10/18/22	CE414	47616	CON	FAT-CON	2.3						2.3		
10/23/22	PA28	629	CON	MCC-CON	1.2						1.2		
10/25/22	"	"	CON	ELB - CMV	1.2						1.2		
10/29/22	"	"	CON	MCC-CON	1.2						1.2		
11/3/22	"	"	"	"	1.2						1.2		
11/16/22	"	"	"	"	1.2						1.2		
PAGE TOTAL					17.9								
AMOUNT FORWARD					32.23								
TOTAL TO DATE					324.9								

[illegible]

[illegible]

FLIGHT REVIEW

I certify that (First name, MI, Last name) _____
(pilot certificate) _____ (certificate number) Commercial
has satisfactorily completed the flight review required in §61.56(a) on (date)
9/5/2017 and IPC 61-57
SIGNED _____ DATE 9/5/2017
CFI NO. _____ CFI1 EXPIRATION DATE 7/2018

I certify that (First name, MI, Last name) _____
(pilot certificate) _____ (certificate number) Commercial
+ IPC
has satisfactorily completed the flight review required in §61.56(a) on (date)
5/1/2019
SIGNED _____ DATE 5/1/2019
CFI NO. _____ CFI1 EXPIRATION DATE 7/31/2020

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) SUNNYVALE
CA 94089
+ IPC
has satisfactorily completed the flight review required in §61.56(a) on (date) _____
SIGNED _____ DATE 11/3/18
CFI NO. _____ EXPIRATION DATE 7/31/20

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 _____

5/15/2021 I certify that [REDACTED]
holder of pilot certificate [REDACTED] has this
date satisfactorily completed a flight review
and instrument proficiency check in a C414 as
required by 14 CFR FAR 61.56 & 57

[REDACTED] Expires 7/31/22.

Barbara McMahon [REDACTED] Expires 7/31/2022

7/2020. I certify that [REDACTED], holder of pilot
certificate number [REDACTED] has this date satisfactorily
completed a flight review and instrument proficiency
check as required by

14 CFR FAR §61.56(c) and §61.57(d)

[REDACTED] CFII Exp 7/31/22

holder of
5/1/2019 I certify that [REDACTED] has this date
pilot certificate number [REDACTED]
satisfactorily completed a flight review and instrument
proficiency check as required by 14 CFR FAR 61.56 & 57.

[REDACTED] CFII Exp 7/20
Barbara McMahon [REDACTED] CFII Expires 7/31/2020.

6/7/20 I certify that [REDACTED] has this date
holder of pilot certificate number [REDACTED]
satisfactorily completed a flight review and instrument
proficiency check as required by 14 CFR FAR 61.56 & 57.

[REDACTED] Exp 7/31/20
Barbara McMahon [REDACTED] CFII Expires 7/31/2020.

UNITED STATES OF AMERICA
Department of Transportation
UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

[REDACTED]
lafayette CA 94549 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	70	213	BROWN	BROWN	M

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

Must wear lenses for distant, have glasses for near vision.
Not valid for any class after 3/31/2021.

Limitations

Date of Examination
03/01/2020

Examiner's Designation No.
[REDACTED]

Examiner

Signature

Typed Name

[REDACTED], MD

AIRMAN'S SIGNATURE

Applicant ID: 1999015765

Control No. 200009010730

Applicant ID: 1999015765

Control No. 200008542086

holder of
has this date
review and instrument
14 CFR FAR 61.56 & 57.

Exp 7/31/20
Expires 7/31/2020.

has this date
w and instrument
FR FAR 61.56 & 57.

Exp 7/31/20
es 7/31/2020.

Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

[REDACTED]
lafayette CA 94549 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	70	230	BROWN	BROWN	M

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

Limitations

Must wear corrective lenses, possess glasses for near/intermediate vision. Not valid for any class after 3/31/2020.

Examiner	Date of Examination	Examiner's Designation No.
	03/04/2019	[REDACTED]
	Signature	[REDACTED]
	Typed Name	[REDACTED]
	[REDACTED] . MD	

AIRMAN'S SIGNATURE [REDACTED]

Applicant ID: 1999015765 Control No.: 200008542086

holder of
has this date
new and instrument
CFR FAR 61.56 & 57.

CFR FAR 61.56 & 57.

Expires 7/31/2020.

has this date
new and instrument
FAR 61.56 & 57.

Exp 7/31/20

7/31/2020.

UNITED STATES OF AMERICA

Department of Transportation

UNITED STATES OF AMERICA

Department of Transportation

Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

[REDACTED]
lafayette CA 94549 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	70	213	BROWN	BROWN	M

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

Limitations
Must wear lenses for distant, have glasses for near vision.
Not valid for any class after 3/31/2021.

Date of Examination
03/01/2020

Examiner's Designation No.
[REDACTED]

Examiner
Signature

Typed Name

MD

AIRMAN'S SIGNATURE

Applicant ID: 1999015765

Control No.: 200009010730

Applicant ID: 1999015765

No.: 200008542086

BL009 510
SP-57 LOGBOOK-BLUE
THE AIRPORT SHOP

KEEPING YOU ORGANIZED
No. 10301

 The Standard
PILOT LOG

ASA-SP-40

The Standard Pilot Log

Name _____

Logbook Number _____

Permanent Mailing Address _____

From _____

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____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
6/10/22	PA28	629	CCSL-RHV	-CUR			2
6/14/22	"	"	CUR-RHV	-CUR			2
6/16/22	CE4H	4765	CUR-MCC	-CUR			2
6/21/22	PA28	629	CCR-Elb	COR			2
6/22/22	CE4H	4765	CUR-MCC	-CUR			2
6/23/22	CE4H	"	CCR-MCC	CUR			2
6/24/22	PA28	629	CUR-RHV	-CUR			2
I certify that the statements made by me on this form are true.						PAGE TOTAL	
PILOT'S SIGNATURE _____						AMT. FORWARD	
						TOTAL TO DATE	

R. P.	NO. LDG.
	2
	2
	2
	2
	2
	2

[illegible]

YEAR 20____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
6/30	PA28	629	CUR-MCA	CUR			2
7/2	DV8	175DD	MBJ-MJ		Glides FVANN ^{A/ta. then} 5. V. L. [REDACTED]		1
7/12	CE414	47656	CUR-CUR	ED 41	2 ILS 29R SCK	2	
7/21	PA28	629		SAFETY	1 RNAW 29R SCK	1	1
7/21	PA28	629	CUR-MCA	CUR			
7/9/22	CE414	47656	CUR-CUR		2 ILS 29R SCK		1.5
7/10/22	PA28	629	CUR-EIS	CAN	1 RNAW 19R CUR		1
							2
I certify that the statements made by me on this form are true.						PAGE TOTAL	
PILOT'S SIGNATURE _____						AMT. FORWARD	
						TOTAL TO DATE	

[illegible]

YEAR 20____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
7/12/22	PA28	529	CLR-RAV	CLR			2
7/14/22	"	"	CLR-MCC	CLR			2
7/17/22	"	"	CLR-IST	CLR			2
7/19/22	"	"	CLR-ETH	CLR			2
7/22/22	"	"	CLR-MCC	CLR			2
7/22/22	"	"	CLR-RAV	CLR			2
7/28/22	"	"	CLR-MCC	CLR			2
I certify that the statements made by me on this form are true. PILOT'S SIGNATURE _____						PAGE TOTAL	
						AMT. FORWARD	
						TOTAL TO DATE	

[illegible]

YEAR 20____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
8/3/22	C47	47656	CCR-MCC	MAD-CVR			3
8/4/22	PA28	629	CCR-MCC	-CVR			2
8/10/22	"	"	CCR-MCC	-CVR			3
8/11/22	"	"	CCR-MCC	-CVR			2
8/12/22	"	"	CCR-MCC	-CVR			2
8/17/22	"	"	CCR-MCC	-CVR			✓
8/19/22	"	"	"	"			1

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

PILOT'S SIGNATURE _____

PAGE TOTAL

AMT. FORWARD

TOTAL TO DATE

AIRCRAFT

AIR

[illegible]

YEAR 20____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
8/23/22	PA28	629	CCR-MHV	CON			2
8/24/22	"	"	CCR-MCC	GOR			2
8/25/22	CE414	47656	COR-MCC	COR			2
8/30/22	PA28	629	COR-E/B	COR			2
9/14/22	"	"	COR-MCC	CON			2
9/15/22	"	"	"	"			2
9/22/22	PA28	629	COR-MCC	CON			2

I certify that the statements made by me on this form are true. PILOT'S SIGNATURE _____	PAGE TOTAL		
	AMT. FORWARD		
	TOTAL TO DATE		

[illegible]

YEAR 20____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
9/29/22	PA28	620	COR-MQ-CUN				2
10/15/22	"	"	"	"			2
10/18/22	CE414	47656	CCR-FAT-CCR				2
10/23/22	PA28	620	CUN-MQ-CUN				2
10/25/22	"	"	CCR-EI-COR				2
10/26/22	"	"	CCR-MQ-CUN				2
10/31/22	"	"	"	"			2
I certify that the statements made by me on this form are true.						PAGE TOTAL	
PILOT'S SIGNATURE _____						AMT. FORWARD	
						TOTAL TO DATE	

[illegible]

YEAR 20____ DATE	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	POINTS OF DEPARTURE & ARRIVAL		REMARKS, PROCEDURES, MANEUVERS	NO. INSTR. APP.	NO. LDG.
			FROM	TO			
11/18/22	PA28	628	CCP-M	CCP-M			2
11/30/22	"	"	"	"			2
12/4/22	"	"	"	"			2
I certify that the statements made by me on this form are true. PILOT'S SIGNATURE _____						PAGE TOTAL	
						AMT. FORWARD	
						TOTAL TO DATE	

[illegible]



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