

If found, please notify owner.
Contact information on page 6.

LOGBOOK NO: 2
FROM: 6/23
TO: _____

GLEIM PILOT LOGBOOK

Pilot Information

ATTENTION: There is a reward for the return of this logbook.

Name: James M. Galvin

Mailing Address: [REDACTED]

ORO VALLEY, AZ 85737

Telephone 1: [REDACTED]

Telephone 2: [REDACTED]

E-mail: [REDACTED]

Medical Certificates					
Date	Class	Name of Aviation Medical Examiner	Expiration Date	Date	Class

Certificate
Student
Sport
Flight Instructor
Sport Pilot Rating
Recreational
Private
Commercial
Flight Instructor
Ground Instructor
Airline Transport

DATE	MAKE AND MODEL	ID NUMBER	FROM	TO	LANDINGS		INSTRUMENT APPROACHES		AIRCRAFT CATEGORY AND CLASS				INSTRUMENT			
					DAY	NT	NO.	TYPE & LOCATION	AIRPLANE SINGLE	AIRPLANE MULTI	L SA	ACTUAL	SIMULATED (HOOD)	FTD SIMULATION		
20 ²³																
7/3	RANS 512	N5180	LCAP	LOCAL									0.9			
7/11			"	"									1.8			
7/17			"	"									2.0			
7/24			"	"									1.9			
7/31			"	"									1.9			
8/9			"	"									1.3			
8/19			"	"									2.3			
8/26			"	"									2.7			
9/4			"	"									2.6			
9/10			"	"									2.5			
I certify that all information contained in this flight record is true.					Page Total								20.9			
					Previous Total								1342.3			
					Total to Date								1863.2			

[illegible]

MONTH	CROSS COUNTRY		PIC	SOLO	GROUND TRAINING RECEIVED	FLIGHT TRAINING RECEIVED	FLIGHT TRAINING GIVEN	TOTAL FLIGHT TIME	REMARKS
	ALL	OVER 50 NM							
			1.9					1.9	BACK-COUNTRY
			1.8					1.8	
			2.0					2.0	
			1.9					1.9	
			1.9					1.9	
			1.3					1.3	
			2.3					2.3	
			2.7					2.7	
			2.6					2.6	
			2.5					2.5	
	0		20.9		0	0		20.9	
	186.8		1337.3		1.0	39.1		1342.3	
	186.8		1358.2		1.0	39.1		1363.2	

DATE	MAKE AND MODEL	ID NUMBER	FROM	TO	LANDINGS			INSTRUMENT APPROACHES		AIRCRAFT CATEGORY AND CLASS				INSTRUMENT		
					DAY	NT	NO.	TYPE & LOCATION		AIRPLANE SINGLE	AIRPLANE MULTI	L-5A		ACTUAL	SIMULATED (HOOD)	FTD SIMULATOR
2023																
9/23	RANS 512	518D	LCAP	LOCAL								2,2				
10/3			"	"								2,2				
10/8			"	"								2,3				
10/14			"	"								2,9				
10/21			"	"								2,3				
10/25			E77	LUL								1,0				
11/1			SPN	LCAP								1,7				
11/12			LCAP	LOCAL								2,2				
11/19			"	"								3,0				
Page Total																
Previous Total																
Total to Date																

I certify that all information contained in this flight record is true.

[illegible][illegible]

Solo flight to, from, or between Class B, C, and D airspace (first 90-day period): § 61.311
I certify that Mr./Ms. (First Name, MI, Last Name) has received the training required to qualify for solo flight. I have determined that he/she meets the applicable requirements of § 61.87(n) and is proficient to make solo flights in a (aircraft make and model).
located in Class B, C, and D airspace (first 90-day period): § 61.311
I certify that Mr./Ms. (First Name, MI, Last Name) has received the training required to qualify for solo flight. I have determined that he/she meets the applicable requirements of § 61.87(n) and is proficient to make solo flights in a (aircraft make and model).
Limitations: Signed CFI #
Passing flight category or class of aircraft: 61.311
I certify that Mr./Ms. (First Name, MI, Last Name) has received the training required to qualify for solo flight. I have determined that he/she meets the applicable requirements of § 61.87(n) and is proficient to make solo flights in a (aircraft make and model).
located in Class B, C, and D airspace (first 90-day period): § 61.311
I certify that Mr./Ms. (First Name, MI, Last Name) has received the training required to qualify for solo flight. I have determined that he/she meets the applicable requirements of § 61.87(n) and is proficient to make solo flights in a (aircraft make and model).
Limitations: Signed CFI #

Completion of a flight review: § 61.56(a) and (c) I certify that Mr./Ms. <u>James G. V.W.</u> (First Name, MI, Last Name, pilot certificate, certificate number), has satisfactorily completed the flight review of § 61.56(a). Signed CFI # <u>[redacted]</u> Date <u>10/21/23</u> Exp Date <u>[redacted]</u>	Completion of a flight review: § 61.56(a) and (c) I certify that Mr./Ms. _____ (First Name, MI, Last Name, pilot certificate, certificate number), has satisfactorily completed the flight review of § 61.56(a). Signed CFI # _____ Date _____ Exp Date _____	Sport pilot solo flight (first 90-day period): § 61.87(n)(2) I certify that Mr./Ms. _____ (First Name, MI, Last Name) has received the training required to qualify for solo flight. I have determined that he/she meets the applicable requirements of § 61.87(n) and is proficient to make solo flights in a _____ (aircraft make and model). Signed CFI # _____ Date _____ Exp Date _____
Completion of a flight review: § 61.56(a) and (c) I certify that Mr./Ms. _____ (First Name, MI, Last Name, pilot certificate, certificate number), has satisfactorily completed the flight review of § 61.56(a). Signed CFI # _____ Date _____ Exp Date _____	Completion of a flight review: § 61.56(a) and (c) I certify that Mr./Ms. _____ (First Name, MI, Last Name, pilot certificate, certificate number), has satisfactorily completed the flight review of § 61.56(a). Signed CFI # _____ Date _____ Exp Date _____	Solo flight in Class B, C, and D airspace (valid for a 90-day period): § 61.94(b) I certify that Mr./Ms. _____ (First Name, MI, Last Name) has received the training required by § 61.94(a). I have determined that he/she is proficient to conduct solo flights in _____ (name of Class B, C, or D) airspace and is authorized to operate to, from, through, and at _____ airport. Limitations: Signed CFI # _____ Date _____ Exp Date _____