Applicant name:	
Phone #:	
FTN #:	
Certificate #:	
Application #:	
Certificate sought:	

Instructor Name:	
Instructor Phone #:	
Aircraft Make/Model:	
N Number:	
Start Time:	
DMS Approved #:	

DUAL TRAINING		
14 CFR 61.109 (a)(1) 3 hrs XC flight training		
Date	**Route**	**Hours**
	TOTAL:	

SOLO TRAINING		
14 CFR 61.109 (a)(5) 10 hrs solo flight time + 5 hrs XC time		
Date	**Route (if applicable)**	**Hours**

14 CFR 61.109 (a)(2)(i) Night XC over 100 nm		
Date	**Route**	**Distance**
	TOTAL:	

14 CFR 61.109(a)(5)(ii) 150 NM Solo XC			
Date	**Route**	**Hours**	**Distance**
	TOTAL		

14 CFR 61.109 (a)((2)(ii) 3 hrs night night plus 10 night landings		
Date	**# of Landings**	**Hours**
	TOTALS	

All other XCs		
Date	**Airport**	**# of Landings**

14 CFR 61.109(a)(4) 3 hours training in the last 60 days		
Date	**Tail #**	**Hours**
	TOTAL	

14 CFR 61.109(a)(5)(iii) 3 SoloTakeoffs and Landings at an airport With an operating-Tower		
Date	**Airport**	**# of Landings**

14 CFR 61.109(a)(3) 3 hours Solely By Reference to Instruments		
Date	**Tail #**	**Hours**
	TOTAL	