

SUPERVISED OPERATING EXPERIENCE FOR REMOVAL OF PILOT IN COMMAND LIMITATION

Name _____

Certificate # _____

Aircraft Type: _____

I attest to and certify that the above named pilot performed the duties of pilot in command for the hours listed below in accordance with CFR 61.64(g). Under my direct observation he/she performed the duties of pilot in command of the following dates and flight times:

Date	To	From	Hours

I certify that the above pilot has satisfied the requirements of 14 CFR 61.64(g)(1-3)

Name _____ Certificate # _____ Signature _____

Tear or cut above this line. Retain with other training materials or logbook.

This sample training record is provided by **AVIASPIRE**

Use of this checklist does not guarantee acceptance by the FSDO or FAA and is provided only as a sample to assist pilots in record management. Aviaspire is not responsible for any action or inaction by the FAA or FSDO and is not liable for any outcomes. Always reference official 14 CFR regulations prior to submitting an application. - 2023