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Supervised Operating Experience Log

Record of operating experience required prior to removal of the type-rating limitation

Applicant Name: _____ Certificate No.: _____ Aircraft Make/Model: _____ Type Rating: _____

Each leg must be signed by the supervising pilot in command.

Leg	Date	Aircraft Reg.	Route	Time This Leg	Cumulative Total	Supervising PIC — Name & Cert. No.	PIC Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TOTAL OPERATING EXPERIENCE LOGGED (hours): _____ *Minimum required under 14 CFR 61.64(g): 25 hours*

FINAL CERTIFICATION — SUPERVISING PILOT IN COMMAND

I certify that I was qualified and current as Pilot in Command in the aircraft listed above and that I personally supervised the operating experience logged on this form.

Supervising PIC — Printed Name _____ Certificate No. _____ Supervising PIC — Signature _____ Date _____