

FLIGHT HOURS CERTIFICATION FORM

Licensing Department



Form No.: 0059-2016
Date Released: 03/09/2017
Revision No.: 00

Student's Name:	
Course:	
Date of Application:	
Purpose of Request:	

I, whose name appears above, would like to request for the certification of my flight training hours, which I have completed from:

_____ to _____

with the following details:

Type of Aircraft	Registration No.:	Dual Time	PIC Time	IR Night	IR Day	As Pilot in Command	Total Flying Time

Thank you very much for accommodating this request.

IMPORTANT:

1. No X-Country flights on your additional rating applications.
2. Certifications must be done in Binalonan Airfield unless an approval is given by the Head of Training.
3. Your FI must sign this certification.

Requested by:

Student's Signature

Checked by:

Flight Instructor Name & Signature

Certified by:

Head of Training Name & Signature