Solo flight (each additional 90-calendar-day period)
I certify that *[First name, MI, Last name]* _____
has received the required training to qualify for solo flying. I have determined they meet the applicable requirements of § 61.87(p) and are proficient to make solo flights in *[M/M]* _____.
Limitations: _____
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Signature _____ Date _____
CFI # _____ Exp/RE Date _____

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