



PILOT LOGBOOK

Name _____

Permanent Mailing Address _____

Phone _____ **Email** _____

Logbook Number _____ **Date of Issue** _____

From _____ **To** _____

ASA-SP-10

ISBN 978-1-56027-653-1

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Printed in the United States of America

Aviation Supplies & Academics, Inc.

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Newcastle, Washington 98059-3153

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GROUND TRAINER		CONDITIONS OF FLIGHT						NO. LDG.		TOTAL DURATION OF FLIGHT	REMARKS, PROCEDURES, MANEUVERS
		DAY		NIGHT		SIMULATED INSTRUMENT		DAY	NIGHT		

I certify that the statements made by me on this form are true.

PILOT'S SIGNATURE

