



LOBO Initial Training Registration

Name: _____

Date: _____

Grade of Certificate: _____

Certificate No.: _____

Ratings and Limitations: _____

Class of Medical: _____

Date of Medical: _____

Total Flight Time: _____

Aircraft to be Used: _____

Time in Type: _____

I, _____ certify that I will be the designated pilot in command per 14 CFR 91.3 for the training flights conducted with _____ [Instructor].

Signed,

Date: _____