SUMMARY OF FLYING EXPERIENCE

***(Note.** Start from the **date of Last Summary** given to this office**)**

FROM _____ **TO** _____

AIRCRAFT TYPES	DAY				NIGHT			
	P.1 (PIC)	P.2 (Co-pilot)	P.3 (DUAL)	P.1 (U/S)	P.1 (PIC)	P.2 (Co-pilot)	P.3 (Dual)	P.1. (U/S)

Total Time to Date _____ Instrument Flying _____

Total Cross-Country _____ Simulator Hours _____

Name _____ Signature _____