

**90 DAY, NIGHT, CLASS B AIRSPACE, AND REPEAT CROSS-COUNTRY (LESS THAN 50NM) SOLO ENDORSEMENTS**

I certify that (first name, MI, Last name) Robert Sherman  
 has received the required training to qualify for solo flying. I have determined  
 he/she meets the applicable requirements of §61.87(n) and is proficient to make  
 solo flights in (make and model) Zodiac 601XL  
 SIGNED: [Redacted] DATE 10/21/16  
 CFI NO. [Redacted] EXPIRATION DATE 3/17

I certify that (first name, MI, Last name) \_\_\_\_\_  
 has received the required training of §61.87(n) and determined he/she is  
 proficient to conduct solo flights in (name of Class B)  
 airspace. List any applicable conditions or limitations: \_\_\_\_\_  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (first name, MI, Last name) \_\_\_\_\_  
 has received the required training to qualify for solo flying. I have determined  
 he/she meets the applicable requirements of §61.87(n) and is proficient to make  
 solo flights in (make and model) \_\_\_\_\_  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (first name, MI, Last name) \_\_\_\_\_  
 has received the required training of §61.87(n) and determined that he/she is  
 proficient to conduct solo flight operations at (name of airport) \_\_\_\_\_  
 List any applicable conditions or limitations: \_\_\_\_\_  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (first name, MI, Last name) ROBERT SHERMAN  
 has received the required presolo training in a (make and model aircraft)  
Zodiac 601XL and determined he/she has demon-  
 strated the proficiency of §61.87(o) and is proficient to make solo flights at night  
 in a (make and model) aircraft Zodiac 601XL  
 SIGNED: [Redacted] DATE 10/17/15  
 CFI NO. [Redacted] EXPIRATION DATE 6-17

I certify that (first name, MI, Last name) \_\_\_\_\_  
 has received the required training in both directions between and at both (airport  
 names) \_\_\_\_\_ and determined that he/she  
 is proficient in §61.87(b)(2) to conduct repeated solo cross-country flights over  
 that route, which is not more than 50NM from the point of departure, subject to  
 the following conditions: \_\_\_\_\_  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_