

P-Q CARD

Pilot's Name _____ Pilot Cert. Number _____

Type Aircraft _____ EFB APPROVED

DAY	NIGHT	DAY X-C
NIGHT X-C	TOUGH & GO	RT. SEAT (CFI CRS. ONLY)

I certify that I have flown with and reviewed the above pilot's flight ability, knowledge and credentials, and that all appropriate limitations such as flight reviews, medical certificate, pilot certificate, photo identification, solo endorsements, and pre-solo quizzes are current and valid throughout the expiration date of this P-Q card.

Issued Date _____ CFI Printed Name _____

Expiration Date (Max 30 days) _____ CFI Signature _____

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Solo Limitations - Maximum Winds

Max. Wind	12	15	20	25	30
Max. X-wind	5	8	10	12	

Solo Limitations - Minimum Visibility

Day Pattern	3	4	5	6	8
Day Local	<input checked="" type="checkbox"/>	4	5	6	8
Day X-C (>25NM)	<input checked="" type="checkbox"/>	(4)	5	6	8
Night Pattern	<input checked="" type="checkbox"/>	4	5	6	8
Night Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(5)	6	8
Night X-C (>25NM)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(5)	6	8

Ceiling Limits (AGL)

Pattern	Day	Night
Pattern	1500	2000
Local (Low Alt. Work)	2000	3000*
Local (High Alt. Work)	2500	3000*
Cross Country	3000*	3000*

* 2500 for recovery
2000 for recovery

() Minimums for recovery only

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Night Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(5)	6	8
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