## Project Sam Orchestral Essentials Keygen 78

INITIAL SOLO ENDO	RSEMENT
I certify that (First name, MI,	Last name)
has received the required	training to qualify for local solo flying. I have determined
he/she meets the applicat	ole requirements of §61.87(n) and is proficient to make
solo flights in (make and i	model aircraft)
until (maximum 90 days	from date given)
Limitations:	
SIGNED	DATE
CFI NO.	EXPIRATION DATE

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1