

Sample LODA Training Record

LODA TRAINING RECORD		
LODA TRAINEE INFORMATION		
Name: Johnny Rocket		
PRIMARY ADDRESS		
Street (Line 1): 123 Anywhere Street		
Street (Line 2):		
City: Anytown	State: MD	ZIP Code: 55555
CURRENT AERONAUTICAL EXPERIENCE		
Grade of Certificate	Commercial	
Certificate Number	12345678	
Ratings	ASEL/AMEL	
Class of Medical Certificate	3rd	
Make/Model/Type Flown	C-172, BE-200, BE-350, SF-340	
Endorsements Held	Tailwheel, Complex, High Altitude	
Date of Last Flight Review	01/01/2000	
Total Time	10,000	
SPECIFIC NEED FOR AEROBATIC OR FORMATION TRAINING, OR ISSUANCE OF A 14 CFR PART 61 ENDORSEMENT (if applicable)		
Indicate which of the following specific needs apply to this applicant:		
Applicant is an owner of an aircraft with similar handling qualities and flight characteristics: Yes/No		
Applicant is currently building an aircraft with similar handling qualities and flight characteristics: Yes/No		
Other (indicate how this applicant has a specific need to receive aerobatic training, formation training, or the issuance of an endorsement in an aircraft with a Special Airworthiness Certificate):		
TRAINING LOG		
Ground Training Received:	Date, Instructor Signature, and Certificate:	
Lesson 1: Preflight, Systems	Lesson 1:	
	01/01/2026 <i>Pete Mitchell</i> 234567	
Lesson 2: Emergency Procedures	Lesson 2:	
	01/02/2026 <i>Nicholas Bradshaw</i> 456789	
Flight Training Received:	Date, Instructor Signature, and Certificate:	
Lesson 1: Preflight, Taxi, Takeoff, Normal Procedures, Stalls, Landings	Lesson 1:	
	01/01/2026 <i>Pete Mitchell</i> 234567	
Lesson 2: Emergency Procedures	Lesson 2:	
	01/02/2026 <i>Nicholas Bradshaw</i> 456789	
Trainee Signature: <i>Johnny Rocket</i>		

Blank LODA Training Record

LODA TRAINING RECORD		
LODA TRAINEE INFORMATION		
Name:		
PRIMARY ADDRESS		
Street (Line 1):		
Street (Line 2):		
City: Anytown	State:	ZIP Code:
CURRENT AERONAUTICAL EXPERIENCE		
Grade of Certificate		
Certificate Number		
Ratings		
Class of Medical Certificate		
Make/Model/Type Flown		
Endorsements Held		
Date of Last Flight Review		
Total Time		
SPECIFIC NEED FOR AEROBATIC OR FORMATION TRAINING, OR ISSUANCE OF A 14 CFR PART 61 ENDORSEMENT (if applicable)		
Indicate which of the following specific needs apply to this applicant:		
Applicant is an owner of an aircraft with similar handling qualities and flight characteristics: Yes/No		
Applicant is currently building an aircraft with similar handling qualities and flight characteristics: Yes/No		
Other (indicate how this applicant has a specific need to receive aerobatic training, formation training, or the issuance of an endorsement in an aircraft with a Special Airworthiness Certificate):		
TRAINING LOG		
Ground Training Received:	Date, Instructor Signature, and Certificate:	
Lesson 1:	Lesson 1:	
Lesson 2:	Lesson 2:	
Flight Training Received:	Date, Instructor Signature, and Certificate:	
Lesson 1:	Lesson 1:	
Lesson 2:	Lesson 2:	
Trainee Signature:		