

STL Airport Authority Driver Training Log

Trainee Name _____ Department / Company _____

Date/Time	Type of Training		Skills Practiced	Training Time Accumulated In Minutes	Trainee Initials	Trainer Initials & Badge Number
	Taxi Aircraft? Y/N	Driving Motor Vehicle? Y/N				
TOTAL TRAINING TIME:						

I hereby certify that (Trainee) _____ with (Department / Company) _____ has received a minimum of 4 hours of training operating a motor vehicle or taxiing an aircraft while in contact with Air traffic control in the movement area of St. Louis Lambert International Airport.

Trainee Name: _____

Trainer Name: _____

Trainee Signature: _____

Trainer Signature: _____

DATE: _____

DATE: _____