

II. Dinyatakan memenuhi kecakapan untuk melaksanakan hak dan tanggung jawab sebagai:
Has been found properly qualified to exercise the privileges of

CPL

III. Nomor Sertifikat Kecakapan:
Licence Number

CPL19-0150



IV. A. Nama Lengkap:
Name (In Full)

JONATHAN IMANUEL KELIAT

B. Tempat/Tanggal Lahir:

Place / Date of Birth

SERUI/19-06-1999

C. Kelamin :

Sex

MALE

V. Alamat:

Address

**JL.FRANS KAISEFO KEL SERUI KOTA SERUI, RT/RW
000/000 DESA WARARI KEC. YAPEN SELATAN KAB.
KEPULAUAN YAPEN INDONESIA**

VI. Kebangsaan :

Nationality

INDONESIA

VII. Tanda Tangan Pemilik Sertifikat Kecakapan:

Signature of License Holder

XII.d Pilot Proficiency/Competency Check
(Reff. 61.58, 121.441, 135.471)

Airplane / Rotocraft	A/C	SIM	Proficiency Check (Day/Month/Year)		Position (PIC/SIC)
			Date of Check	Date of Expiry	
SE-LAND	x		08/04/2021	30/04/2022	SIC



d. Instrument Rating

The holder of this license is certified to conduct flight under Instrument Flight Rules (IFR) as prescribed in the Indonesian Civil Aviation Safety Regulation parts 61 and 91 based on the following

A/C	SIM	Company Check (Day/Month/Year)	
		Date of Check	Date of Expiry
	x	20/03/2019	31/03/2020



XIII. Catatan / Batasan :

Remarks(s)/Limitation(s)

HOLDER OF A RESTRICTED FLIGHT RADIO TELEPHONE
OPERATORS LICENSE NO -

AUTHORIZED BY DIRECTOR OF AIR NAVIGATION

LANGUAGE PROFICIENCY

The holder of this license has performed test in an Indonesian DGCA approved testing facility and meet all the requirements to comply with ICAO Language Proficiency (English) set forth in ICAO Annex 1.

Level : 4 (FOUR)

Date of Test : 09/07/2019

Date of Validity : 31/12/2022

DIRECTOR OF AIRWORTHINESS AND AIRCRAFT OPERATIONS



AVIRIANTO, S, S.Pd, MM
Urbina Utama Muda (IV/c)

No. Form. :

22302



REPUBLIK INDONESIA
Republic Of Indonesia
KEMENTERIAN PERHUBUNGAN
Ministry Of Transportation
DIREKTORAT JENDERAL PERHUBUNGAN UDARA
Directorate General Of Civil Aviation

SERTIFIKAT KESEHATAN
Medical Certificate

KELAS 1 / FIRST CLASS

Nomor/Number :

MB 129641*Sertifikat ini diberikan (Nama lengkap) / This certifies that (Full Name):***JONATHAN IMANUEL KELIAT***Alamat/Address:***JALAN FRANS KAISEPO, SERUI, PAPUA**Tanggal Lahir*Date of Birth*Tinggi*Height*Berat*Weight*Rambut*Hair*Mata*Eyes*Kelamin*Sex*

19-06-1999

166

79

Black

Black

M

Telah memenuhi standar kesehatan sesuai dengan PKPS bagian 67, untuk kelas sertifikat kesehatan tersebut/Has meet the medical standards prescribed in CASR Part 67, for this class of medical certificate

*Batasan/Limitations:***NONE***Tanggal Pengujian / Date of Examination:*

24 JAN 2022

Tanggal Pengujian Sebelumnya / Date of Previous examination:

14 JUL 2021

Berlaku Hingga / Valid Until:

24 JUL 2022

*Nama Penguji/Name of Examiner:***dr. SRI ARYANI, FS***Nomor Penunjukan Penguji/Examiner Designation No.:***DG 20170903-004***Tanda Tangan Penguji/Examiner Signature:**Tanda tangan pemilik/Sign of holders:*