

AIR OPERATOR CERTIFICATE

(Approval schedule for air operators)

Types of operation: Commercial air transport (CAT) Passengers Cargo
 Other:.....

	HELLENIC REPUBLIC HELLENIC CIVIL AVIATION AUTHORITY	
AOC#: GR-016	“AIR INTERSALONIKA H.A.T.C.S.A.” DbA “AIR INTERSALONIKA” address: 175 Siggros Ave., P.C. 17121, Athens, Greece Tel.: +30 2109304050 Fax: +30 2109304055 E-mail: ops@airintersalonica.gr	Operational Points of Contact: Tel.: +30 2109304050 Fax: +30 2109304055 E-mail ops@airintersalonica.gr Contact details, at which operational management can be contacted without undue delay, are listed in OM part A, Page: A.1.4,

This certificate certifies that **AIR INTERSALONIKA H.A.T.C.S.A.** is authorised to perform commercial air operations, as defined in the attached operations specifications, in accordance with the operations manual, Annex IV to Regulation (EC) No 216/2008 and its Implementing Rules.

Date of issue: 28 October 2014	DIMITRIOS N.KOUKIS HCAA Governor
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Official Copy of the Original
 HCAA Central Secretariat

Signatur



Name: **LIARDAKIS IOANNIS**



OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

HELLENIC CIVIL AVIATION AUTHORITY

Telephone: +30 210 9973019 Fax: +30 210 9973060 E-mail: d2c@hcaa.gr

AOC: **GR-016**

Operator Name: **AIR INTERSALONIKA H.A.T.C.S.A**

Date: **28/10/2014**

Dbas: **AIR INTERSALONIKA**

Operations Specifications#: **GR-016 /OS-03**



K.Sfakianakis
Director, Flight Standards

Aircraft Model & Registration Marks:

AS-350BA : SX-HEM

AS-355N : SX-HNM

A-109K2 : SX-HMY

C-90A : SX-BKY

Commercial operations

Area of operation: : **FIR of GREECE, ITALY, MALTA, CYPRUS, TURKEY, BULGARIA, FYROM, ALBANIA, SERBIA, BOSNIA & HERZEGOVINA, MONTENEGRO, CROATIA and SLOVENIA**

Special Limitations: **1. SX-HEM, SX-HNM and SX-HMY : V.F.R. Flights / DAY ONLY**

2. SX-BKY : When flying V.F.R., DAY ONLY

Specific Approvals:	Yes	No	Specification	Remarks
Dangerous Goods	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Low Visibility Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Take-off	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RVR: 400 m	
Approach and Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CAT I RVR:550m DH:200ft	
RVSM <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
ETOPS <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Navigation specifications for PBN Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RNAV 5	

Minimum navigation performance specification	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Helicopter operations with the aid of night vision imaging systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Helicopter hoist operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Helicopter emergency medical service operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Cabin crew training	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Issue of CC attestation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EL.MG.0018	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		