

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-046

“IFLY S.A”

Db a “IFLY”

address:

**Megara Civil Airport,
P.C. 19100, Megara,
Greece**

Tel.: **+30 2296080744**

Fax: **+30 2296080793**

E-mail: **info@ifly.gr**

Operational Points of Contact:

Tel.: **+30 2296080744**

Fax: **+30 2296080793**

E-mail: **info@ifly.gr**

Contact details, at which operational management can be contacted without undue delay, are listed in **OM part A, chapter 1, Parag. 1.2**

This certificate certifies that **IFLY 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

Official Copy of the Original
HCAA Central Secretariat

Signature:

Name:

LIARDAKIS IOANNIS





OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

HELLENIC CIVIL AVIATION AUTHORITY

Telephone: +30 210 9973555

E-mail: d2c@hcaa.gr

AOC: **GR-046**

Operator Name: **IFLY S.A.**

Date: **07/07/2021**

Dbas: **IFLY**



G. Sourvanos

Acting Director, Flight Standards

Operations Specifications#: **GR-046/OS-19**

Aircraft Model & Registration Marks:

AW-109 : SX-HKV, SX-HGA

AS-355F2: SX-HJS

AS-355N: SX-HIB, SX-HKM

CE-550 CITATION BRAVO : SX-BMK

Types of Operations: Commercial operations

Passengers Cargo Others

Area of operation:

N70.00.00 – W020.00.00 / N70.00.00 – E080.00.00 / N10.00.00 – E080.00.00 / N10.00.00 – W020.00.00

Special Limitations: **I. ALL HELICOPTERS: V.F.R. Flights**

Specific Approvals:	Yes	No	Specification	Remarks
Dangerous Goods	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Low Visibility Operations Take-off Approach and Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		CE-550 CITATION BRAVO
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Complex Navigation specifications for PBN Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Minimum navigation performance specification	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Operations of single-engined turbine aeroplane at night or in IMC (SET-IMC)	<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"/>		
Helicopter offshore 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"/>		
Use of type B EFB applications	<input type="checkbox"/>	<input type="checkbox"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EL.MG.0053	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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