

AIR OPERATOR CERTIFICATE

(Approval schedule for air operators)

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

	<p>HELLENIC REPUBLIC</p> <hr/> <p>HELLENIC CIVIL AVIATION AUTHORITY</p>	
<p>AOC#: GR-052</p>	<p>“HELISTAR S.A.” Dbá “HELISTAR” address: 59 Damaskinou st., P.C. 20100, Korinthos, Greece Tel.: +30 2741038418 Fax: +30 2741038418 E-mail: info@helistar.eu</p>	<p>Operational Points of Contact: Tel.: +30 2296022366 Fax: +30 2296022366 E-mail: info@helistar.eu</p> <p>Contact details, at which operational management can be contacted without undue delay, are listed in OMM, Section 3, par. 3.1.2</p>

This certificate certifies that **HELISTAR 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.

<p>Date of issue: 15 July 2015</p>	<p>KONSTANTINOS LINTZERAKOS HCAA GOVERNOR</p>
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Official Copy of the Original
 HCAA Central Secretariat

Signature:



Name:

LIARDALIS * 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-052

Operator Name: **HELISTAR S.A**

Date: **18/04/2016**

Db: **HELISTAR**



Operations Specifications#: **GR-052 /OS-02**

Aircraft Model & Registration Marks:

AS-355N : **SX-HIB**

EC-120B : **SX-HVA**

EC-135P : **SX-HSP**

Commercial operations

Area of operation: **ATHENS FIR**

Special Limitations: **V.F.R. Flights / 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"/>		
Approach and Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
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"/>		
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"/>		
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"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EL.MG.0065	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		