

**AIR OPERATOR CERTIFICATE**  
(Approval schedule for air operators)

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

	<b>HELLENIC REPUBLIC</b>	
	<b>HELLENIC CIVIL AVIATION AUTHORITY</b>	
AOC#: <b>GR-017</b>	<b>“AIR LIFT S.A”</b> Dba “AIR LIFT” address: <b>Megaridos Rd. 124,</b> <b>P.C. 19300, Aspropyrgos,</b> <b>Attika, Greece</b> Tel.: <b>+30 2108093690</b> Fax: <b>+30 2105571622</b> E-mail: <b>nchaniotakis@airlift.gr</b>	Operational Points of Contact: Tel.: <b>+30 2108093690</b> Fax: <b>+30 2105571622</b> E-mail: <b>nchaniotakis@airlift.gr</b>  Contact details, at which operational management can be contacted without undue delay, are listed in <b>OM part A, chapter 1, Page :A.1.A1.2</b>

This certificate certifies that **AIR LIFT 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: <b>28 October 2014</b>	<b>DIMITRIOS N.KOUKIS</b> HCAA Governor
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Official Copy of the Original  
HCAA Central Secretariat

Signature:

Name:

*(Handwritten signature and stamp)*  
**Petropoulos Ioannis**





HELLENIC  
CIVIL  
AVIATION  
AUTHORITY

## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

HELLENIC CIVIL AVIATION AUTHORITY

Telephone: +30 2103541310

E-mail: [info@hcaa.gov.gr](mailto:info@hcaa.gov.gr)

AOC: GR-017

Operator Name: AIR LIFT SA

Date: 28/04/2023

Db: AIR LIFT SA

Operations Specifications#: GR-017/OS-20



Dr. Christos Tsitouras  
Governor of HCAA

Aircraft Model & Registration Marks:

MBB-BK117-D-3 / SX-HMO

EC-135T3H / SX-HCN

EC-135P2 / SX-HMB

Types of Operations: Commercial operations

Passengers

Cargo

Others

Area of operation:

N35.57.6,E35.15.9,N33.45.4,E34.17.0,N34.00.0,E25.09.0,N36.39.9,E11.22.8,N4224.2,E02.36.0,N43.31.4,W02.31.6,N50.25.0,W07.22.8,N59.23.3,W0650.0,N59.09.9,E01.30.6,N51.35.2,E03.25.1,N44.58.4,E14.45.7,N43.40.9,E17.35.8,N44.25.8,E29.55.3,N36.10.8,E35.29.0

Special Limitations: ALL AIRCRAFT VFR DAY ONLY

Specific Approvals:	Yes	No	Specification	Remarks
Dangerous Goods	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Low Visibility Operations				
Take-off	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Approach and Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Specific Approvals:	Yes	No	Specification	Remarks
Operational credits	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Maximum diversion time: min	
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 checked="" type="checkbox"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EL.CAMO.0006	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		