



## 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>	
<b>AOC#: GR-046</b>	<b>“IFLY S.A”</b> Dba “IFLY” address: <b>Megara Civil Airport,</b> <b>P.C. 19100, Megara,</b> <b>Greece</b> Tel.: <b>+30 2296080744</b> Fax: <b>+30 2296080793</b> E-mail: <b>info@ifly.gr</b>	<b>Operational Points of Contact:</b> Tel.: <b>+30 2296080744</b> Fax: <b>+30 2296080793</b> E-mail: <b>info@ifly.gr</b>  Contact details, at which operational management can be contacted without undue delay, are listed in <b>OM part A, chapter 1,</b> <b>Parag. 1.2</b>
This certificate certifies that <b>IFLY S.A.</b> 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	

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 2103541310

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

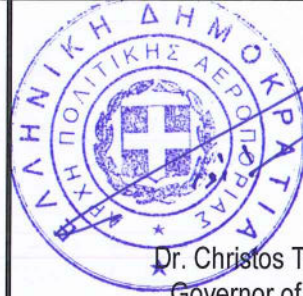
AOC: **GR-046**

Operator Name: **IFLY S.A**

Date: **08/06/2023**

Db: **IFLY**

Operations Specifications: **GR-046 /OS-28**



Dr. Christos Tsitouras  
Governor of HCAA

Aircraft Model & Registration Marks:

EC-355F2 : SX-HJS  
A-109 E : SX-HKV  
A-109S : SX-HSZ  
B-206B3 : SX-HBF  
CE-550B : SX-BMK  
PC12/47E-NG SX-GOD  
C-208B EX SX-AQB, SX-AQC, SX-AQD

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: 1. ALL HELICOPTERS VFR FLIGHTS DAY ONLY  
2. SX-AQB, SX-AQC, SX-AQD VFR FLIGHTS DAY ONLY 3. SX-GOD (IFR NCO 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<b>CE-550 B (SX-BMK)</b>
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-engine 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"/>	<b>EL. CAMO.0018</b>	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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