

**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-010</b>	<p><b>“EPSILON AVIATION S.A.”</b> DbA “EPSILON AVIATION S.A.”</p> <p>address: <b>ATHENS INTERNATIONAL AIRPORT</b> <b>“ELEFThERIOS VENIZELOS”,</b> <b>BUILDING 19, SPATA, 19019,</b> <b>GREECE</b></p> <p>Tel.: <b>+30 210 3538500</b> Fax: <b>+30 210 9673622</b> E-mail: <b>info@epsilonaviation.com</b></p>	<p>Operational Points of Contact: Tel.: <b>+30 210 3538500</b> Fax: <b>+30 210 9673622</b> E-mail: <b>info@epsilonaviation.com</b></p> <p>Contact details, at which operational management can be contacted without undue delay, are listed in <b>OM part A, par. 3.3.2</b></p>

This certificate certifies that **EPSILON AVIATION 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:

*Papapoulos 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](mailto:d2c@hcaa.gr)

AOC: **GR-010**

Operator Name: **EPSILON AVIATION S.A.**

Date: **03/02/2015**

Dbas: **EPSILON AVIATION S.A.**



K.Sfakianakis

The Director Flight Standards

Operations Specifications#: GR-010/OS-03

Aircraft Model & Registration Marks:

SA 227 BC METROLINER III: SX-BMM, SX-BNN

LJ35A: SX-SEM

Commercial operations

Area of operation: N 31.05.52 W 010.50.25, N 22.28.59 E 036.52.47, N 60.52.19 E 040.36.46,  
N 68.17.47 E 010.27.48, N 54.08.53 W 011.18.39

Special Limitations: When flying VFR, DAY ONLY

Specific Approvals:	Yes	No	Specification	Remarks
Dangerous Goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low Visibility Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Take-off	<input type="checkbox"/>	<input type="checkbox"/>	RVR: 400 m	
Approach and Landing	<input type="checkbox"/>	<input type="checkbox"/>	CAT I RVR:550m DH:200ft	
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		LJ35A only
ETOPS <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	Maximum Diversion Time: min.	
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 type="checkbox"/>		
Helicopter hoist operations	<input type="checkbox"/>	<input type="checkbox"/>		
Helicopter emergency medical service operations	<input type="checkbox"/>	<input 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.007	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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