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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | *Description: SHMA YPAXp2****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:*  *Operator Name:*  *Date:*  *Dba:*  *Operations Specifications#:* ***GR- /OS-*** | | | | *Ch.Papageorgiou*  *Director Flight Standards* | | | *Aircraft Model & Registration Marks:* | | | | | | | *Types of Operations: Commercial operations*  *Passengers  Cargo  Others* | | | | | | | *Area of operation:* | | | | | | | *Special Limitations* | | | | | | | *Specific Approvals:* | *Yes* | *No* | *Specification* | | *Remarks* | | *Dangerous Goods* |  |  |  | |  | | *Low Visibility Operations*  *Take-off*  *Approach and Landing* |  |  |  | |  | | *RVSM  N/A* |  |  |  | |  | | *ETOPS  N/A* |  |  |  | |  | | *Complex Navigation specifications for PBN Operations* |  |  |  | |  | | *Minimum navigation performance specification* |  |  |  | |  | | *Operations of single-engined turbine aeroplane at night or in IMC (SET-IMC)* |  |  |  | |  | | *Helicopter operations with the aid of night vision imaging systems* |  |  |  | |  | | *Helicopter hoist operations* |  |  |  | |  | | *Helicopter emergency medical service operations* |  |  |  | |  | | *Helicopter offshore operations* |  |  |  | |  | | *Cabin crew training* |  |  |  | |  | | *Issue of CC attestation* |  |  |  | |  | | *Use of type B EFB applications* |  |  |  | |  | | *Continuing airworthiness* |  |  |  | |  | | *Others* |  |  |  | |  |       *EASA FORM 139 Issue 6* |