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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* | *[ ]*  | *[ ]*  |  |  |

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