



HELLENIC
CIVIL
AVIATION
AUTHORITY

OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

HELLENIC CIVIL AVIATION AUTHORITY

Telephone: +30 2103541310

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AOC: **GR-056**

Operator Name: **AGRIONIC AIR APPLICATION LTD**

Date: **28/06/2023**

Db: **BELLAVIA LTD**

Operations Specifications: **GR-056 /OS-08**



Dr. Christos Tsitouras
Governor of HCAA

Aircraft Model & Registration Marks:

BELL-206B3 : SX-HLL

EC-120B : SX-HZS

B-407 : SX-HLB

B-505 : SX-HLY

Types of Operations: Commercial operations

Passengers ☒

Cargo ☒

Others ☐

Area of operation: **45°55'24.37"N - 6°34'4.40"E / 48°26'24.53"N - 12°55'43.08"E / 46° 6'9.09"N - 31°42'12.25"E / 35°11'42."N - 35°37'41.58"E / 29°21'22.79"N - 34°16'18.57"E / 30°38'32.25 N - 13°39'32.58"E**

Special Limitations: **ALL HELICOPTERS VFR FLIGHTS 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"/>		
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.0030	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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