



# REPUBLIC OF MALTA

## TRANSPORT MALTA CIVIL AVIATION DIRECTORATE

### OPERATIONS SPECIFICATIONS

(Subject to the approved conditions in the operations manual)


#### CIVIL AVIATION DIRECTORATE CONTACT DETAILS

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### AOC Number: MT-15

Operator name:  <b>Luxwing Ltd</b>	Issue date of the Operations Specifications:  <b>05-07-2019</b>	Signature of the representative of Transport Malta Civil Aviation Directorate:    Name: Clint Taliana Title: Head of Flight Operations Inspectorate
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**Aircraft model:** Embraer EMB-550

**Registration marks:** F-HJLP

#### Commercial operations:

Commercial air transportation Passengers: Yes:  No:  Cargo: Yes:  No:

**Area(s) of operation:** ICAO Air Navigation Regions: EUR, MID, AFI, NAM, NAT between latitude 80 degrees North and 60 degrees South

Special Limitations: NIL

SPECIFIC APPROVALS	YES	NO	SPECIFICATION	REMARKS
Dangerous goods	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Low visibility operations				
Take-off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RVR: 150m	
Approach and landing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAT I: RVR: 550m DH: 200ft	
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
ETOPS <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Complex navigation specifications for PBN operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
NAT HLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Operations of single-engined turbine aeroplanes 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 checked="" type="checkbox"/>	<input type="checkbox"/>	OMA Section 8.9.5	
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMO Approval Certificate number: MT.MG.15	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		