



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: Luxwing Ltd	Issue date of the Operations Specifications: 10-04-2019	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: Cessna C650

Registration marks: 9H-WII, 9H-PLM, 9H-FFF

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

Area(s) of operation: ICAO Air Navigation Regions: EUR, AFI 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 type="checkbox"/>	<input checked="" 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"/>		
Continuing airworthiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMO Approval Certificate number: MT.MG.15	
Others	<input type="checkbox"/>	<input checked="" type="checkbox"/>		