

## AIR OPERATOR CERTIFICATE

(Approval schedule for air transport operators)

**Types of operation:** Commercial air transport (CAT) ☒ Passengers; ☒ Cargo;  
☒ Other: **Emergency Medical Service EMS**

	State of the Operator: <b>Denmark</b>	
AOC Approval ref.: <b>DK.AOC.030</b>	Issuing Authority: <b>Danish Transport Authority</b>	Operational Points of Contact: • <b>Headoffice, Telephone:</b> <b>+4596322900, E-mail:</b> <b>info@northflying.com</b> Contact details, at which operational management can be contacted without undue delay, are listed in: <b>Operational Manual Part A,</b> <b>Chapter 1.</b>

This certificate certifies that North Flying A/S is authorised to perform commercial air operations, as defined in the attached operations specifications, in accordance with the operations manual, Annex IV to Regulation (EC) No 216/2008 and its Implementing Rules.

Date of issue:  
**28-OKT-2014**

Name and Signature: .....

**Jesper Bildstedfelt**

Title:

Chief Inspector



## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

Issuing Authority Contact Details:

**Telephone:** +45 7221 8800

**E-mail:** info@trafikstyrelsen.dk

**AOC:** DK.AOC.030

**Operator Name:**

**North Flying A/S**

**Date of issue:**

**28-OKT-2014**

**Signature:**

**Jesper Bildstedfelt**

### Operations specifications:

**Aircraft model:** C172

**Registration marks:** OY-BNF

**Commercial operations:**  
Cargo  
Passengers

**Area of operation:** ICAO EUR

**Special Limitations:** VFR day only

Specific approvals:	Yes	No	Specification	Remarks
Dangerous goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low visibility operations				
Take-off	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Approach and landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ETOPS <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Navigation specifications for PBN operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Minimum navigation performance specification	<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"/>		
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"/>	DK.MG.0030, North Flying A/S	
Others				



## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

**Aircraft model:** C550  
**Registration marks:** OY-CYV

Commercial operations: **Cargo**  
**Passengers**  
**Emergency Medical Service EMS**

**Area of operation:** ICAO World wide

Special Limitations:

Specific approvals:	Yes	No	Specification	Remarks
Dangerous goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low visibility operations				
Take-off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Minimum RVR: 150 m	
Approach and landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICAO Worldwide	
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Navigation specifications for PBN operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RNAV 5	
Minimum navigation performance specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICAO NAT, Restricted to special routes not requiring long range equipment and to special routes requiring one fully operational long range system	
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"/>		
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"/>	DK.MG.0030, North Flying A/S	
Others				

## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

**Aircraft model:** C650  
**Registration marks:** OY-CLP, OY-EDP, OY-JPJ, OY-NLA

**Commercial operations:** Cargo  
 Passengers  
 Emergency Medical Service EMS

**Area of operation:** ICAO World wide

**Special Limitations:**

Specific approvals:	Yes	No	Specification	Remarks
Dangerous goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low visibility operations				
Take-off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Minimum RVR: 150 m	
Approach and landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICAO Worldwide	
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Navigation specifications for PBN operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RNAV 5 RNAV 1	Applies to: OY-CLP
Minimum navigation performance specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICAO NAT	
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"/>		
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"/>	DK.MG.0030, North Flying A/S	
Others				



## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

**Aircraft model:** LEAR 35

**Registration marks:** OY-CCJ

**Commercial operations:** Cargo  
Passengers  
Emergency Medical Service EMS

**Area of operation:** ICAO World wide

**Special Limitations:**

Specific approvals:	Yes	No	Specification	Remarks
Dangerous goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low visibility operations				
Take-off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Minimum RVR: 150 m	
Approach and landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICAO Worldwide	
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Navigation specifications for PBN operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RNAV 5	
Minimum navigation performance specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICAO NAT	
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"/>		
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"/>	DK.MG.0030, North Flying A/S	
Others				

## OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

**Aircraft model:** SA227  
**Registration marks:** OY-NPD, OY-NPE, OY-NPF  
**Commercial operations:** Cargo  
 Passengers  
 Emergency Medical Service EMS

**Area of operation:** ICAO World wide

**Special Limitations:**

Specific approvals:	Yes	No	Specification	Remarks
Dangerous goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low visibility operations				
Take-off	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Approach and landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ETOPS <input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Navigation specifications for PBN operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RNAV 5	
Minimum navigation performance specification	<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"/>		
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"/>	DK.MG.0030, North Flying A/S	
Others				