



AIR OPERATOR CERTIFICATE

	KINGDOM OF BAHRAIN	Ref: ALD/OPS/6/8.16
Telephone: (+973) 17321091 Fax: (+973) 17321061 Email: aerolicensing@caa.gov.bh	CIVIL AVIATION AFFAIRS	Address: P.O. Box 586 Kingdom of Bahrain
AOC#: BH-12 Expiry Date: 30 September 2015	TEXEL AIR W.L.L. Address: Hangar 2, Building 263 Rayya Highway, Samaheej 237 Muharraq P.O. Box 15584, Adliya Kingdom of Bahrain Telephone: (+973) 17 479300 Fax: (+973) 17 200076 Email: gm@texelair.com	Contact details, at which Operational Management can be contacted without undue delay, are listed in the Operations Manual Part A, 1.2.
This certificate certifies that TEXEL AIR W.L.L. is authorized to perform commercial air transport operations (Cargo), as defined in the attached operations specifications, in accordance with the operations manual and the Air Navigational Technical Regulations.		
Date of Issue: 29 SEP 2014	Authorized Signature:  Undersecretary for Civil Aviation Affairs	





OPERATIONS SPECIFICATIONS

(subject to the approved conditions in the operations manual)

ISSUING AUTHORITY CONTACT DETAILS

Telephone: (+973) 17321091 **Fax:** (+973) 17321061 **Email:** aerolicensing@caa.gov.bh

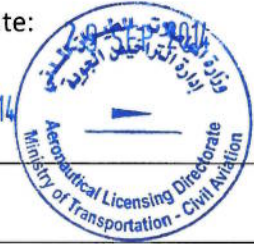
AOC#: **BH-12**

Operator Name: **TEXEL AIR W.L.L.**

Date:

Authorized Signature: _____

29 SEP 2014



Aircraft Model: **Boeing 737-300 Freighter**

Type of operation: Commercial Air Transportation Passengers Cargo Others:

Area(s) of operation: **Worldwide with the exception of latitudes above 80° North and 80° South.**

Special limitations: **None.**

SPECIAL AUTHORIZATIONS	YES	NO	SPECIFIC APPROVALS	REMARKS
Dangerous goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Low visibility operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAT_I RVR 550m DH: 200ft	
Approach and landing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Take-Off	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
RVSM <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
ETOPS <input type="checkbox"/> N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maximum diversion time _____ minutes	
Navigation specifications for PBN operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RNAV 5	
Continuing Airworthiness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TA-MNT-01	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EFB	