

United States Of America
Department of Transportation - Federal Aviation Administration
Supplemental Type Certificate

Number **SA5029SW-D**

This Certificate issued to L-3 Communications Integrated Systems L.P.
10001 Jack Finney Blvd.
Greenville, TX 75402

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 3 of the Civil Aviation Regulations and Part 23 of the Federal Aviation Regulations.

Original Product Type Certificate Number: 2A4
Make: Gulfstream Aerospace
Model: Aero Commander 695B

Description of Type Design Change:

Installation of DF Monitoring and Direction Finding System in accordance with E-Systems Sealed Drawing List SDL 3218-1, Rev. A dated 22 March 1990 or later DAS approved data.

Limitations and Conditions:

1. Compatibility of this design change with previously approved modifications must be determined by the installer.
2. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: 21 February 1990

Date reissued: July 29, 2002

Date of issuance: 19 March 1990

Date amended:



By direction of the Administrator

(Signature)

S. Frances Cox, Manager
Special Certification Office,
Southwest Region

(Title)

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Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

_____ *(City, State, and Zip code)*

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

_____ *(City, State and Zip code)*

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____