

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

Number: SR09596RC

This certificate issued to REB Technologies, Inc.
1500 Brown Trail, Suite 100
Bedford, TX 76022-6554

certifies that the change in the type design for the following product with the limitations and conditions therefore as specified hereon meets the airworthiness requirements of Part 27 of the Federal Aviation Regulations.

Original Product – Type Certificate Number : H2SW

Make: Bell Helicopter Textron Canada Limited

Model: Models: 206A, 206B, 206L, 206L-1, 206L-3, 206L-4,
407

Description of Type Design Change:

Installation of a Medical Mount System in accordance with REB Technologies, Inc., Master Drawing List 98320206MDL, Rev. B, dated March 25, 2012, or later Federal Aviation Administration (FAA) approved revision. Instructions for Continued Airworthiness, 98320206-ICA, Rev. B, dated March 12, 2012, or later FAA accepted revision is required for this installation.

Limitations and Conditions :

The installer must determine whether this design change is compatible with previously approved modifications. If the holder agrees to permit another person to use this certificate to alter a product, the holder must 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: 8/1/2011

Date reissued: 8/6/2012

Date of issuance: 4/3/2012

Date amended:



By direction of the Administrator

(Signature)

Scott A. Horn, Acting Manager
Rotorcraft Certification Office
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the 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): _____
