

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

Number SA5873SW

Project DT85-1SW
PJL-190

This certificate, issued to Wall Colmonoy Corporation
4700 S.E. 59th Street
Oklahoma City, Oklahoma 73135

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 Air Regulations.

Original Product — Type Certificate Number: 5A6, 3A13, 3A24
Make: Cessna
Model: 180, 182, 185

Description of Type Design Change:

Installation of Wall Colmonoy exhaust stack in accordance with Wall Colmonoy Drawing List No. CES0002, Revision A dated 6/14/84, or later FAA approved revision.

Limitations and Conditions:

Eligible as replacement on aircraft approved for Cessna exhaust stack part number 0750238-210.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

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: June 15, 1984

Date reissued:

Date of issuance: January 16, 1985

Date amended: 1/25/85



Revision 1
By direction of the Administrator
Don P. Watson
Don P. Watson (Signature)
Manager, Aircraft Certification Division
Southwest Region
(Title)

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

This certificate may be transferred in accordance with FAR 21.47.

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)*: _____