

Department of Transportation — Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA1195SW

*This certificate, issued to* Century Flight Systems, Inc.  
F.M. 1195  
P. O. Box 610  
Mineral Wells, TX 76067

*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 23 of the Federal Aviation Regulations.*

*Original Product — Type Certificate Number:* A18CE  
*Make:* Bellanca  
*Model:* 17-30A, 17-31A, 17-31ATC

*Description of Type Design Change:* Installation of Mitchell Automatic Flight System, Model AK309 consisting of Century I, Automatic Aileron Stabilizer with Omni Tracker according to Bulletin #417 dated September 14, 1970.

*Limitations and Conditions:*

FAA Approved Airplane Flight Manual Supplement dated September 24, 1970 required.

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:* September 9, 1970

*Date reissued:* July 9, 1984, Revision 1

*Date of issuance:* September 24, 1970

*Date amended:*



*By* *Signature of the Administrator*  
*L. D. Anderson*

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.

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.

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### 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)*: \_\_\_\_\_