

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

*Number* SA7414SW 190-881  
CRW

*This certificate, issued to* Arkansas Modification Center, Inc.  
P.O. Box 3356 - Adams Field  
Little Rock, AR 72203

*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 25 of the Federal Aviation Regulations.*

*Original Product—Type Certificate Number:* A21EA  
*Make:* Canadair  
*Model:* CL-600-2B16

*Description of Type Design Change:*

Installation of Dual UNS-1A Flight Management System with Dual Canadair Marconi CMA-764 VLF/Omega Sensors in accordance with Arkansas Modification Center Drawing List 600-087 dated 3/24/88, Rev. B dated 4/19/88 or later FAA approved revision.

*Limitations and Conditions:*

FAA Approved Airplane Flight Manual Supplement dated 4/21/88 is required. Compatibility of this modification with previously installed equipment must be determined by 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:* March 8, 1988

*Date reissued:*

*Date of issuance:* April 21, 1988

*Date amended:*



*By direction of the Administrator*

*L. B. Andriesen*  
*(Signature)*  
L. B. Andriesen  
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)*: \_\_\_\_\_