

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

Number SA449SW

This Certificate issued to Sierra Industries, Inc.,
a Texas Corporation
Garner Field Road
Uvalde, TX 78801

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 9 of the Civil Air Regulations.

Original Product Type Certificate Number: LTC-13

Make: Lockheed Aircraft Corp.

Model: PV-1

Description of Type Design Change:

Modification of aircraft to pressurized configuration in accordance with Report 434 dated 11/18/64 and Drawing List SD402000-1 dated 1/10/65.

Limitations and Conditions:

1. FAA Approved Airplane Flight Manual dated 11/16/64, Revision 2 dated 1/11/65, and Revision 3 dated 8/30/65 required.
2. Modification limited to BA-400 (PV-1) Registration Number N5034F, Serial Number 5599 only.
3. Limited to Maximum gross weight takeoff and landing 31,000 lbs. and C.G. Limits: 186.65 to 194.09.

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 21, 1964

Date reissued: December 01, 1999

Date of issuance: November 23, 1964

Date amended: May 8, 1967 Revision 1



By direction of the Administrator

Michele M Owsley
(Signature)

Michele M. Owsley, Manager
Airplane Certification Office,
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.

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)*: _____