

Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA3151SW-D

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: A12CE
Make: Beech
Model: 60, A60, B60

Description of Type Design Change:

Installation of Mitchell Automatic Flight System Model AK429 consisting of Century IV Autopilot or AK429/FD consisting of Century IV Flight Director Autopilot with Optional Remote Annunciator according to Bulletin No. 551, Revision 5, dated 7-2-76 and Master Drawing List No. 87A674, Revision E, dated 7-2-76.

Limitations and Conditions:

FAA/DAS Approved Airplane Flight Manual Supplement, P/N 68S397 dated 7-26-76 is required.
Placard, P/N 13A660 is 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: 7-13-76

Date issued: 6-6-84, Revision 1

Date of issuance: 7-26-76

Date amended:



By direction of the Administrator

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.

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)*: _____