

# Supplemental Type Certificate

*Number* SA2-969

*This Certificate issued to* Signature Flight Support Corporation,  
a Delaware Corporation  
7511 Lemmon Avenue, Hangar C  
Dallas, TX 75209

*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 4b of the Civil Air Regulations.*

*Original Product Type Certificate Number:* 793  
*Make:* General Dynamics  
*Model:* 240

*Description of Type Design Change:*

Installation of Lawrence Auxiliary Power Unit in aft baggage compartment for ground operation only in accordance with EAS Drawing Nos. 317254C-240 (3 sheets) sheet 1, Rev. 1 dated 5/3/60, Sheets 1 and 3 dated 4/12/60 and 217254C-340 Sheets 1 through 9 all dated 3/1/58.

*Limitations and Conditions:*

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:* April 15, 1960

*Date reissued:* 7/10/92; 12/21/98; 8/31/00

*Date of issuance:* May 06, 1960

*Date amended:* May 19, 1982 Rev. 2



*By direction of the Administrator*

*(Signature)*  
S. Frances Cox  
Manager, Special Certification Office,  
Southwest Region

*(Title)*

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