

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

Number SA7467SW

This Certificate issued to AAR Airframe and Accessories Group, Inc.
an Illinois Corporation
DBA: AAR Aircraft Services - Oklahoma
an Oklahoma Corporation
6611 South Meridian
Oklahoma City, OK 73159-1104

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 10 of the Civil Air Regulations.

Original Product Type Certificate Number: A-817
Make: Fokker
Model: F-27

Description of Type Design Change:

Installation of dual freon air conditioning systems in accordance with AAR Oklahoma, Inc., Drawing List 19L002, Revision F, dated July 19, 1988, or later FAA approved revision.

Limitations and Conditions:

FAA approved flight manual supplement dated August 10, 1988, 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: August 31, 1987

Date reissued: 3/5/99; 12/13/00

Date of issuance: August 10, 1988

Date amended:



By direction of the Administrator

S. Frances Cox
(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.

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)*: _____