

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

Number SA8087SW-D

This Certificate issued to L-3 Communications Integrated Systems L.P.
10001 Jack Finney Blvd.
Greenville, TX 75402

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: 4A21 & 4A26
Make: Boeing
Model: 707-100 & 707-300

Description of Type Design Change:

Installation of Forward Attendant Seat/Shoulder Harness in accordance with E-Systems Sealed Drawing List SDL 7683-3, Rev. A, dated 12 January 1994, or later FAA approved revision.

Limitations and Conditions:

1. Compatibility of this design change with previously approved modifications must be determined by the installer.
2. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

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: 22 October 1992

Date reissued: July 29, 2002

Date of issuance: 25 May 1993

Date amended: Amend. 1-18 January 1994



By direction of the Administrator

(Signature)

S. Frances Cox, Manager
Special Certification Office,
Southwest Region

(Title)

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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)*: _____