

United States of America
Department of Transportation -- Federal Aviation Administration

Supplemental Type Certificate

ST1674RC-R

Number SR09185RC

This certificate issued to Falcon Crest Aviation Supply, Inc.
7798 Braniff
Houston, TX 77061

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 27 of the Federal Aviation Regulations.

Original Product -- Type Certificate Number: H9EU
Make: Eurocopter France
Model: AS350 B, B1, B2, BA, C, D, D1

Description of Type Design Change: Installation of Concorde Valve Regulated Sealed Lead Acid Battery, P/N RG355, in accordance with Falcon Crest AS350 Master Drawing List, FC-006, Rev. I.R. dated June 25, 1997, or later FAA approved revision(s).

Limitations and Conditions: Rotorcraft Flight Manual Supplement (RFMS), dated December 9, 1997, or later FAA approved RFMS is required. Compatibility of this design change with previously approved modifications must be determined by the installer. 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: June 25, 1997

Date reissued:

Date of issuance: December 9, 1997

Date amended:



By direction of the Administrator

Carl F. Mittag

(Signature)

cf Carl F. Mittag, Manager,
Rotorcraft Certification Office,
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the 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 & street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor (In ink): _____