

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

Number SA00514NY

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 3 of the Civil Air Regulations.

Original Product Type Certificate Number: 7A15
Make: Pilatus Aircraft Ltd.
Model: PC-6/B2-H4

Description of Type Design Change:

Modification of electrical system, avionics, and structure in accordance with Summit Aviation, Inc. Master Drawing List, Document No. PA9D11, Rev. C, dated October 16, 1996. FAA approved Summit Aviation, Inc. Airplane Flight Manual Supplement, Report No. FMS 1PA9D11, dated October 18, 1996 is required with this modification.

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: May 02, 1996

Date reissued: 3/13/97; 7/29/02

Date of issuance: October 18, 1996

Date amended:



By direction of the Administrator

(Signature)

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

(Title)

Number

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)*: _____