

United States Of America
Department of Transportation - Federal Aviation Administration

Supplemental Type Certificate

Project No. SA7581SC-T (SHC)

Number ST10167SC

This Certificate issued to Heads Up Technologies, Inc.
2033 Chennault
Suite 100
Carrollton, TX 75006-5097

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 25 of the Federal Aviation Regulations.

Original Product Type Certificate Number : A9NM
Make : Cessna
Model : 650

Description of Type Design Change Installation of interior lighting system in accordance with Heads Up Technologies' Master Drawing List No. CLECLC-C650-MDL Rev. B, dated July 14, 2003, or later FAA approved revision.

Limitations and Conditions: 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 : December 20, 2002

Date reissued :

Date of issuance : June 26, 2003

Date amended : August 04, 2003, Rev. 1



By direction of the Administrator

S. Frances Cox
(Signature)

S. Frances Cox
Manager, Special Certification Office
Southwest Region

(Title)

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 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): _____