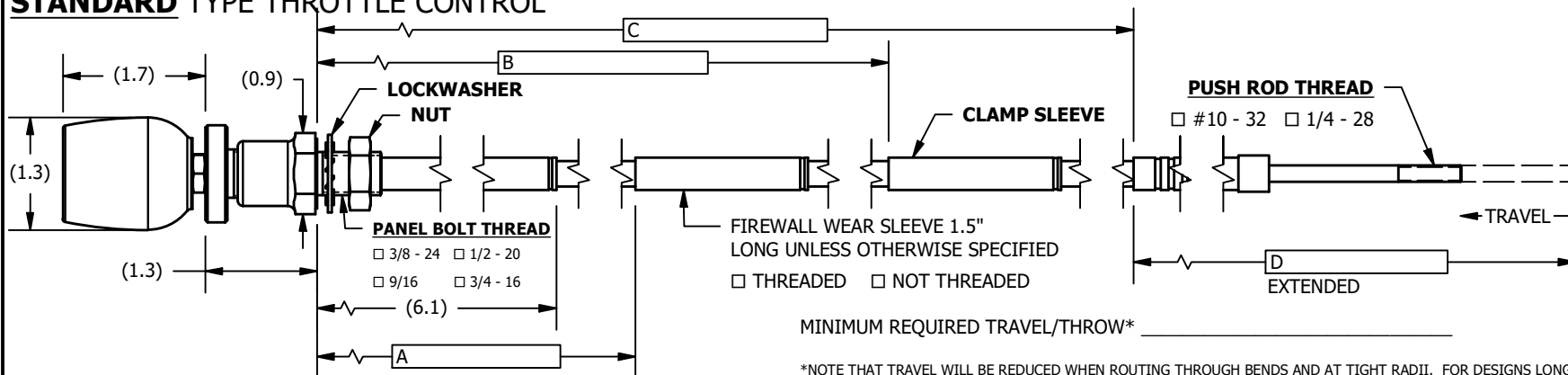


McFarlane Aviation, LLC.
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(785) 594-2741
(785) 594-3922 Fax
McFarlaneAviation.com
CustomParts@McFarlaneaviation.com

STANDARD TYPE THROTTLE CONTROL



REQUIRED
DIMENSIONS

C: _____

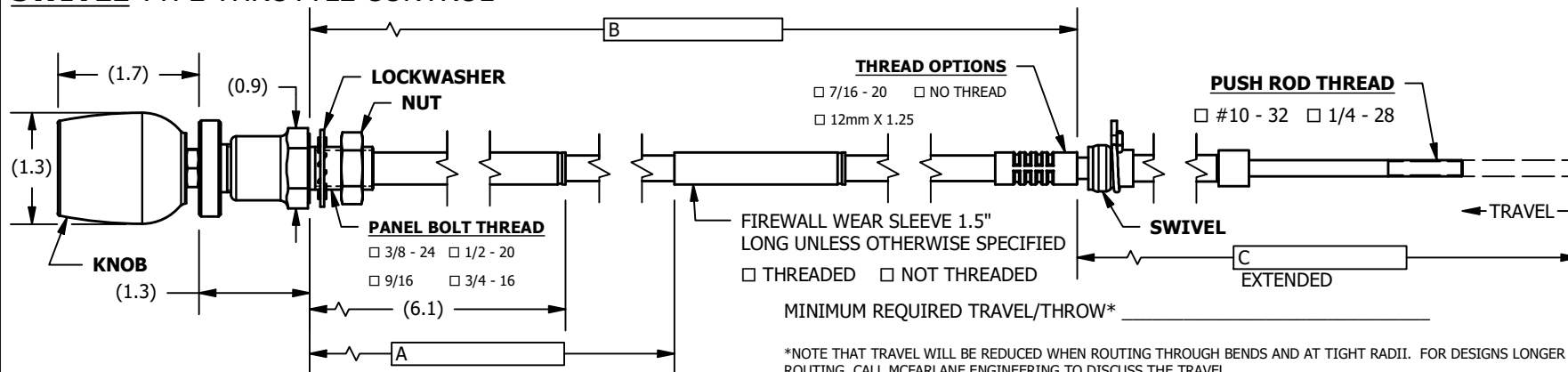
D: _____

ADD OTHER
DIMENSIONS

MINIMUM REQUIRED TRAVEL/THROW* _____

*NOTE THAT TRAVEL WILL BE REDUCED WHEN ROUTING THROUGH BENDS AND AT TIGHT RADII. FOR DESIGNS LONGER THAN 8FT OR COMPLEX ROUTING, CALL MCFARLANE ENGINEERING TO DISCUSS THE TRAVEL.

SWIVEL TYPE THROTTLE CONTROL



REQUIRED
DIMENSIONS

B: _____

C: _____

ADD OTHER
DIMENSIONS

MINIMUM REQUIRED TRAVEL/THROW* _____

*NOTE THAT TRAVEL WILL BE REDUCED WHEN ROUTING THROUGH BENDS AND AT TIGHT RADII. FOR DESIGNS LONGER THAN 8FT OR COMPLEX ROUTING, CALL MCFARLANE ENGINEERING TO DISCUSS THE TRAVEL.

I REQUEST MCFARLANE AVIATION, LLC. TO MANUFACTURE A PART PER THE DATA ON THIS FORM. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR ENSURING SUITABILITY OF THE PART FOR MY INTENDED APPLICATION. THIS DATA WAS EITHER PROVIDED BY ME OR DEVELOPED JOINTLY WITH MCFARLANE AVIATION, LLC. ON MY BEHALF AND WITH MY PARTICIPATION AND SUPERVISION. I UNDERSTAND THAT UNLESS OTHERWISE AGREED, MCFARLANE AVIATION, LLC. MAY USE THIS DATA FOR ANY PURPOSE. I UNDERSTAND THAT THIS PART IS NOT FAA APPROVED. AND I CERTIFY THAT IF THIS PART IS TO BE INSTALLED ON A TYPE-CERTIFICATED AIRCRAFT IT WILL BE INSTALLED IN FULL COMPLIANCE WITH ONE OF THE EXCEPTIONS LISTED IN 14 CFR 21.9(a).

SIGNATURE: _____ DATE: _____

CUSTOMER NAME: _____ CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____ AIRCRAFT MAKE: _____

FAX NUMBER: _____ MODEL: _____

SPECIAL REQUIREMENTS/NOTES:

Upon Completion Please Send to
CustomParts@McFarlaneAviation.com