

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

Number SA1034GL

This certificate issued to

McFarlane Aviation, Inc.
696 E. 1700 Road
Baldwin City, KS 66006

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified herein meets the airworthiness requirements of Part 3 of the Federal Aviation Regulations. (See Type Certificate Data Sheet 3A15 for complete certification basis.)

Original Product -- Type Certificate Number : 3A15

Make : Raytheon Aircraft Company

Model : F33A, S35, V35, V35A, V35B, 36, A36, A36TC, B36TC

Description of Type Design Change:

Installation of a Cooling Shroud on engine driven dry air pumps in accordance with Aero Cables Report No. 7, Revision 01, dated December 29, 2006, or later FAA approved revision.

Limitations and Conditions :

- 1) The installer must determine whether this design change is compatible with previously approved modifications.
- 2) If the holder agrees to permit another person to use this certificate to alter the product, the holder must 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 15, 1986

Date reissued : March 19, 2004; June 15, 2004;
November 21, 2017

Date of issuance : June 17, 1986

Date amended : July 29, 1986; May 1, 2007



By direction of the Administrator

(Signature)

Monica L. Nemecek
Manager, Airframe and Administrative Services Section
Chicago ACO Branch

(Title)

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)*: _____