

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

Number SR01849AT

This certificate issued to

Bell Helicopter Textron, Inc.
441 Industrial Park Road
Piney Flats, TN 37686

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 29 of the Federal Aviation Regulations.

Original Product -- Type Certificate Number : H4SW
Make : Bell Helicopter Textron
Model : 212, 412, 412EP

Description of Type Design Change:

Installation of Replacement Lightweight Composite Nitrogen Reservoir Kit in accordance with Aeronautical Accessories, Inc. Drawing List Report No. AA-98143, Revision A, dated February 26, 1999, or later FAA approved revisions.

Limitations and Conditions:

The installer must determine whether this design change is compatible with previously approved modifications. If the holder agrees to permit another person to use this certificate to alter a 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 : March 17, 1998

Date reissued : June 06, 2011

Date of issuance : March 04, 1999

Date amended :



By direction of the Administrator

Martin R. Crow

(Signature)

James A. Richmond, Acting 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): _____