





















ISSUE DATE: MM/DD/YYYY

ABS-QE LoC NUMBER: #####

This is to attest Customer Name located at Customer Address, was assessed to t requirements of IATF 16949:20016 during an audit on Date through Date and was determined to be in compliance of all requ

Customer Scope
Excluding: Product design – IATE 16949:2016 Clause 8.3

- a) Supply of the information, required for the stage 1 readiness review, including internal and external performance data and one full cycle of Internal audits and management review, but not twelve it (2) months of internal audits and performance
- outer, to competen of an initial audit (stage 1 readiness review and initial) with no open nonconformity, and c) Approval by Veto Power

This letter of conformance is valid for a maximum period of twelve months from the issue

ABS-QE 符合证明函编号: XXXXX

IATE 符合证明函编号: XXXXXX





出具日期: XX/XX/XXXX 到期日期: XX/XX/XXXX 企业名称

企业地址 邮编

USI# XXXXXX 致有关人士:

兹证明位于企业地量的企业名称,在XXXX年XX月XX日至XXXX年XX月XX日的审核中。 进行了IATF 16949:2016要求的评审,并确定符合所有要求。

现场范围

根据获得并保持IATF认可的规则,第5版、第5.14.1节,本符合证明函是基于:

- a) 提供第1阶段指令评审所需的信息。包括内部和外部绩效数据以及一个完整周期的内部等核和管理评审。如设备十二《12》个月的内部审核和接效数据;
   b) 完成初次审核(第1所段准备污审和第2阶段审核),没有开放不符合项、并且

符合证明尚有效期最多为自出具日期起十二个月。

• Tel: 1-281-677-6000 • Fax: 1-281-673-2960 • www.abs-ge.com







ANSI/ESD \$20.20-2021

The Electrostatic Discharge Control Program is applicable to:

The Lead Auditor responsible for this certification is:

The ABS Certification Manager is:







ant system defined by the above scope and is contingent upon prompt, written notification to ABS Quality Evaluations, Inc. of significant changes to the management system or components thereo

ABS Quality Evaluations, Inc. 1701 City Plaza Drive, Spring, TX, U.S.A.



## Certificate Of Conformance

This is to certify that the Electrostatic Discharge Control Program

公司名称

has been assessed by ABS Quality Evaluations, Inc. and found to be in conformance with the requirements set forth by

ANSI/ESD S20.20-2021

The Electrostatic Discharge Control Program is applicable to:

The Client's ESD Program Manager is: The ABS Certification Manager is:

初始日期 XXXXX 生效日期: XXXXX 有效期至: YYYYY XXXXX

The Lead Auditor responsible for this certification is: 姓名





存证相似必须定期接受针对上述范围的管理体系的审核处证书为继续有效 获证组织液及时向美国船级社质量评估有限公司书面告知管理体系及其相关要素的重大变化以维持此证书的有效性

ABS Quality Evaluations, Inc. 1701 City Plana Drive, Spring, TX, U.S.A.