

CERTIFIED TEST REPORT

Supplier Name:	Phone:	Supplier Address:	
Sig Sauer P.O. #:			Street Address 1
			Street Address 2
Drawing Number:	Rev: Lot/Heat Number:		City, State, Zip Code, Country if other than U.S,
Part Number:	Rev: Part/Item Description:		Amount Tested (*w/ UOM):
**Please Note: ALL certifications and supporti	ng documentation must be submitted via email to <u>certs@sigsauer.co</u>	m in order for your shi	pment to be accepted through incoming inspection.

***If Specification/Material is NOT exact to the Sig Sauer print, documentation certifying that the provided material is an exact equivalent will be required.

(Ex. A clear, comprehensive statement on the Certificate of Compliance AND a data sheet of equivalent material or specification if available.)

Actual Results											
QAP #	Drawing Test Requirement (Should be exact to Sig Sauer print)	Rev. Level (as Applicable)	Inspection Method	Range as Required (*with Unit of Measure)	Specimen 1	Specimen 2	Specimen 3	Specimen 4	Specimen 5		

**** "See report" with Lot #/Supplier P.O. Number to Reference a Supplemental Report is acceptable in the Method Column.

The undersigned individually, as the authorized representative of the contractor, warrants and represents that: all of the information supplied above is true and accurate: the material/ process covered by this certificate conforms to all contract requirements (Including, but not limited to: the drawing, Purchase Order, and specifications) and the Analyses appearing herein are true and accurate analyses. This certificate is made for the purpose of inducing payment, with the knowledge that the information/certification may be used as a basis for such payment.

Signature

Printed/Typed Name

Title

Date (MM/DD/YYYY)