



**Certification Application Attestation Statements**

GIGA-TMS INC.  
FRN: 0018295048  
8F, NO.31, LANE 169, KANG-NING ST.,HSI-CHIH,  
22180  
NEW TAIPEI CITY, Taiwan

Subject: **FCC ID: WXAMP30T**

To Whom It May Concern:

**Statement for 47 CFR section 2.911(d)(5)(i)**

**[Insert Company Name Here]** certifies that as of the date of the application the equipment for which authorization is sought is not "covered" equipment<sup>1</sup> prohibited from receiving an equipment authorization pursuant to section 2.903 of the FCC rules.

If the equipment for which the applicant seeks authorization is produced by any of the entities identified on the current Covered List, including affiliates or subsidiaries of the named companies, the applicant must include an explanation on why the equipment is not "covered" equipment.

Additional Explanation: <N/A>

**Statement for 47 CFR section 2.911(d)(5)(ii)**

**[Insert Company Name Here]** ("the applicant") certifies that, as of the date of the filing of this application, the applicant

☐ - is / ☒ - is not <sup>(3)</sup>

identified on the Covered List as an entity producing "covered" equipment.

|                       |                       |
|-----------------------|-----------------------|
| Date:                 | 2025/01/06            |
| City:                 | NEW TAIPEI CITY       |
| Name <sup>(2)</sup> : | M.T. WANG             |
| Function:             | General Manager       |
| Telephone number:     | 02 2695-4214          |
| Email address:        | mtwang@gigatms.com.tw |
| Signature:            | M. T. WANG            |

<sup>1</sup>- The Commission's Covered List is published by the Public Safety and Homeland Security Bureau and posted on the Commission's website. This Covered List, which is periodically updated, identifies particular equipment, produced by particular entities, that constitutes "covered" equipment. <https://www.fcc.gov/supplychain/coveredlist>.

(2): For FCC it must be the Grantee Code "owner" or the authorized agent.

(3): double click on the appropriate box and select "checked" then "OK"



Revision Record Sheet:

| Revision | Section<br>number | Page<br>number | Date       | Remark(s)                                                                                                           | issued<br>by |
|----------|-------------------|----------------|------------|---------------------------------------------------------------------------------------------------------------------|--------------|
| 01       |                   |                | 07-02-2023 | 1 <sup>st</sup> version                                                                                             | RvM          |
| 02       |                   | 1              | 15-02-2023 | Changed Applicant to Company<br>and added "Subject: FCC ID: "                                                       | RvdM         |
| 03       |                   | 1              | 06-06-2024 | FRN added at certification<br>application and included <b>[Insert<br/>Company Name Here] for the<br/>statements</b> | RvdM         |

Issued/modified by : Richard van de Meer  
Function : Certification assessor  
Revision : 03  
Date : 06-06-2024

Verified by : Willem Jan Jong  
Function : Team Lead  
Date : 06-06-2024

Released by : Axel Gase  
Function : Manager Quality Assurance  
Date of release: : 06-06-2024