



# Part Submission Warrant

Part Name <u>SPECFLEX* RENUÉ LE / SPECFLEX* NE187</u>		Cust. Part Number <u>N/A</u>	
Shown on Drawing Number <u>N/A</u>		Orig. Part Number <u>N/A</u>	
Engineering Change Level <u>N/A</u>		Dated _____	
Additional Engineering Changes <u>N/A</u>		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____ Weight (lbs/yr) <u>2.5 MM</u>	
Checking Aid Number _____		Checking Aid Eng. Change Level <u>N/A</u> Dated <u>29-Apr-13</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>The Dow Chemical Company</u>		<u>Windsor Machine</u>	
Organization Name & Supplier/Vendor Code		Customer Name/Division	
<u>1881 West Oak Parkway</u>		<u>Buyer/Buyer Code</u>	
Street Address		Polyurethane Components / HdR/AR	
<u>Marietta</u>	<u>GA</u>	<u>30062</u>	<u>USA</u>
City	Region	Postal Code	Country
<b>MATERIALS REPORTING</b>		Application	
Has customer-required Substances of Concern information been reported?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Submitted by IMDS or other customer format:		<u>N/A</u>	
Are polymeric parts identified with appropriate ISO marking codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input type="checkbox"/> Initial submission	<input type="checkbox"/> Change to Optional Construction or Material		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Sub-Supplier or Material Source Change		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Parts produced at Additional Location		
<input type="checkbox"/> Tooling Inactive > than 1 year	<input checked="" type="checkbox"/> Other - please specify		
<u>Annual Recertification</u>			
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.			
<input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input checked="" type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
<b>SUBMISSION RESULTS</b>			
The results for <input type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all design record requirements: <input type="checkbox"/> Yes <input type="checkbox"/> NO (If "NO" - Explanation Required)			
Mold / Cavity / Production Process <u>N/A</u>			
<b>DECLARATION</b>			
I affirm that the samples represented by this warrant are representative of our parts, which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of 1725 / 8 hours. I also certify that documented evidence of such compliance is on file and available for your review. I have noted any deviation from this declaration below.			
EXPLANATION/COMMENTS: _____			
Is each Customer Tool properly tagged and numbered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Organization Authorized Signature <u>Kelly Kiszka</u>		Date <u>29-Apr-13</u>	
Print Name <u>Kelly Kiszka</u>		Phone No. <u>989-636-7633</u>	
Title <u>Applications Development Chemist</u>		Fax No. _____	
E-mail <u>KFKiszka@dow.com</u>		_____	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>Ana R Chau (Windsor Machine # 5(2009))</u>		Date <u>May 6, 2013</u>	
Print Name <u>Ana Chau</u>		Customer Tracking Number (optional) _____	