



Part Submission Warrant

Part Name <u>MY 2011 3rd Row Head Restraint-Manual(D472)</u>		Cust. Part Number		Ford P/N: AUSA-96501B19-DGW Magna P/N: D1FA-1TB-76520-M5 / D1FA-5B8-76520-M5 D1FA-AUS-76520-M5	
Shown on Drawing No. <u>AUSA-96501B19-DGW</u>		Orig Part Number		na	
Engineering Change Level <u>AB00-E-12391017-00</u>		Dated		<u>Oct. 7/10</u>	
Additional Engineering Changes <u>PCN 31257</u>		<u>C12391017</u>		Dated <u>Oct. 8/10</u>	
Safety and/or Government Regulation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Purchase Order No. _____		Weight (kg) <u>2 Kg.</u>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____		Dated _____	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping Inc (2008)</u>			<u>Magna / Ford Motor</u>		
Organization Name & Supplier/Vendor Code			Customer Name / Division		
<u>7072 Smith Industrial Drive</u>			<u>Berb Evenden / Duesse Hearing</u>		
Street Address			Buyer / Buyer Code		
<u>McGregor Ontario N0R 1J0 Canada</u>			<u>MY2011 D471 3R Power</u>		
City Region Postal Code Country			Application		
MATERIALS REPORTING					
Has customer-required Substance of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a					
Submitted by JMDS or other Customer format: <u>130874387/0.1</u>					
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a					
REASON FOR SUBMISSION (Check at least one)					
<input type="checkbox"/>	Initial Submission	<input type="checkbox"/>	Change to Optional Construction or Material		
<input type="checkbox"/>	Engineering Change(s)	<input type="checkbox"/>	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 below		
<u>PCN 31257-Add Coating to Dump & Catch Springs</u>					
REQUESTED SUBMISSION LEVEL(Check one)					
<input type="checkbox"/>	Level 1 -	Warrant only (used for designated appearance items, an Appearance Approval Report) submitted to customer			
<input checked="" 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 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.			
SUBMISSION RESULTS					
The results for <input type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package					
These results meet all drawing record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)					
Mold / Cavity / Production Process <u>Mechanism Assembly</u>					
DECLARATION					
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 <u>20</u> / <u>1</u> hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.					
EXPLANATION/COMMENTS:					
Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a					
Organization Authorized Signature: <u>J. Little</u>		Date		<u>Nov. 1/10</u>	
Print Name <u>John Little</u>		Phone No <u>519-726-0613</u>		FAX No <u>519-726-0652</u>	
Title <u>QA Manager</u>		E-mail <u>jlittle@windsormachine.com</u>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____					
Customer Signature <u>Carmen Eremia</u>				Date: <u>Nov. 10, 2010</u>	
Print Name <u>Carmen Eremia</u>		Customer Tracking Number (Optional) _____			