



Part Submission Warrant

Part Name MY2013 D472 Manual Release Cable		Cust. Part Number		Ford: AU5A-96501B19-DH3DN1	
Shown on Drawing No. <u>AU5A-96501B19-DH3DN1</u>				na	
Engineering Change Level		Dated		8/20/2012	
Additional Engineering Changes <u>PCN # 34583</u>		Dated			
Safety and/or Government Regulation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Purchase Order No.		Weight (kg) <u>1.186 kg</u>	
Checking Aid No.		Checking Aid Engineering Change Level		Dated	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping Inc (2009)</u>			<u>Magna / Ford Motor</u>		
Organization Name & Supplier/Vendor Code			Customer Name / Division		
<u>7072 Smith Industrial Drive</u>					
Street Address			Buyer / Buyer Code		
<u>McGregor</u>	<u>Ontario</u>	<u>N0R 1J0</u>	<u>Canada</u>	<u>MY2013 D472 3R MANUAL</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 IMDS or other Customer format: <u>IMDS # 314547485/0.01</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 checked="" 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>New Model Yr 2013</u>	
REQUESTED SUBMISSION LEVEL(Check one)					
<input type="checkbox"/>	Level 1 -	Warrant only (and 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 type="checkbox"/> material & functional tests <input checked="" 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 _____					
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>281</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>John Wakulchik</u>		Date		<u>8/20/2012</u>	
Print Name	<u>John Wakulchik</u>	Phone No	<u>519-728-0613</u>	FAX No	<u>519-728-0652</u>
Title	<u>QA Manager</u>	E-mail	<u>iwakulch@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>T. Sell</u>				Date: <u>8/20/12</u>	
Print Name: <u>T. SELL</u>		Customer Tracking Number (Optional)			



Part Name <u>MY2013 D472 Manual Release Cable</u>		Cust. Part Number <u>AU5A-96501B19-DH35B8</u>	
Shown on Drawing No. <u>AU5A-96501B19-DH35B8</u>		<u>na</u>	
Engineering Change Level _____		Dated <u>8/20/2012</u>	
Additional Engineering Changes <u>PCN # 34583</u>		Dated _____	
Safety and/or Government Regulation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Purchase Order No. _____ Weight (kg) <u>1.186 kg</u>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping Inc (2009)</u>		<u>Magna / Ford Motor</u>	
Organization Name & Supplier/Vendor Code _____		Customer Name / Division _____	
<u>7072 Smith Industrial Drive</u>		Buyer / Buyer Code _____	
Street Address _____		<u>MY2013 D472 3R MANUAL</u>	
<u>McGregor</u>	<u>Ontario</u>	<u>N0R 1J0</u>	<u>Canada</u>
City _____	Region _____	Postal Code _____	Country _____
MATERIALS REPORTING		Application _____	
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 IMDS or other Customer format: _____		<u>IMDS # 314547485/0.01</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 checked="" 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>New Model Yr 2013</u>
REQUESTED SUBMISSION LEVEL(Check one)			
<input type="checkbox"/>	Level 1 -	Warrant only (and 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 type="checkbox"/> material & functional tests <input checked="" 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 _____			
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>201</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><i>John Wakulchik</i></u>		Date <u>8/20/2012</u>	
Print Name <u>John Wakulchik</u>	Phone No <u>519-726-0613</u>	FAX No <u>519-726-0652</u>	
Title <u>QA Manager</u>	E-mail <u>wakulch@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><i>T. SELLAIAN</i></u>		Date <u>Aug/24/12</u>	
Print Name <u>T. SELLAIAN</u>	Customer Tracking Number (Optional) _____		