



Part Submission Warrant

|  |  |   |             |
|--|--|---|-------------|
| Part Name <u>MY 2011 3rd Row Head Restraint-Power (D471)</u>   |  | Cust. Part Number                                       |             |
| Shows on Drawing No. <u>BU5A-98501B18-AHW</u>  |  | Orig Part Number <u>na</u>                              |             |
| Engineering Change Level <u>AB00-E-12391017-00</u>   |  | Dated <u>Oct 7/10</u>                                   |             |
| Additional Engineering Changes <u>PCN 31257</u>  |  | C12391017 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 _____ |             |
| <b>ORGANIZATION MANUFACTURING INFORMATION</b>  |  | <b>CUSTOMER SUBMITTAL INFORMATION</b>                   |             |
| <u>Windsor Machine &amp; Stamping Inc (2009)</u>   |  | <u>Magna / Ford Motor</u>                               |             |
| Organization Name & Supplier/Vendor Code   |  | Customer Name / Division                                |             |
| <u>7072 Smith Industrial Drive</u>   |  | <u>Barb Evedden / Duane Hering</u>                      |             |
| Street Address   |  | Buyer / Buyer Code                                      |             |
| <u>McGregor</u> <u>Ontario</u> <u>M0R 1J0</u> <u>Canada</u>  |  | <u>MY2011 D471 3R Power</u>                             |             |
| City   | Region   | Postal Code   | Country     |
|  |  |   | Application |
| <b>MATERIALS REPORTING</b>   |  |   |             |
| 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 WMSG or other Customer format:  |  | <u>1308743870.1</u>                                     |             |
| Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a  |  |   |             |
| <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"/> Supplier or Material Source Change  |   |             |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Rehubishment, 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 &amp; Catch Springs</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 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. |   |             |
| <b>SUBMISSION RESULTS</b>  |  |   |             |
| The results for <input type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional test <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>                               |             |
| <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 <u>221 / 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>[Signature]</u>  |  | Date <u>Nov. 1/10</u>                                   |             |
| Print Name <u>John Little</u>  | Phone No <u>519-726-0813</u>   | FAX No <u>519-726-0852</u>                              |             |
| Title <u>QA Manager</u>  | E-mail <u>jlittle@windsormachine.com</u>   |   |             |
| <b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>   |  |   |             |
| PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejecter <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)  |   |             |