



Part Submission Warrant

Part Name <u>MY 2011 3rd Row Head Restraint-Power D471</u>		Cust. Part Number	
Shown on Drawing No. <u>BU5A-96501B18-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 _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping Inc (2009)</u>		<u>Magna / Ford Motor</u>	
<u>Organization Name & Supplier/Vendor Code</u>		<u>Customer Name / Division</u>	
<u>7072 Smith Industrial Drive</u>		<u>Barb Eyenden / Duane Herring</u>	
<u>Street Address</u>		<u>Buyer / Buyer Code</u>	
<u>McGregor</u> <u>Ontario</u> <u>N9R 1J0</u> <u>Canada</u>		<u>MY2011 D471 3R Power</u>	
<u>City</u> <u>Region</u> <u>Postal Code</u> <u>Country</u>		<u>Application</u>	
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>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 (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 checked="" type="checkbox"/> material & functional tes <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>200</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>[Signature]</u>		Date <u>Nov. 1/10</u>	
Print Name <u>John Little</u>	Phone No <u>519-728-0613</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"/> Rejectex <input type="checkbox"/> Othr			
Customer Signature <u>Carmen Eremia</u>		Date: <u>Nov. 10, 2010</u>	
Print Name <u>Carmen Eremia</u>	Customer Tracking Number (Optional)		