



Part Submission Warrant

Part Name <u>MY2013 D471 Manual Release Cable</u>		Cust. Part Number <u>CU5A-96501B18-AC3DN3</u>	
Shown on Drawing No <u>CU5A-96501B18-AC3DN3</u>		na	
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 _____	
<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>		Buyer / Buyer Code	
Street Address		<u>MY2013 D471 3R MANUAL</u>	
<u>McGregor</u>	<u>Ontario</u>	<u>NOR 1J0</u>	<u>Canada</u>
City	Region	Postal Code	Country
<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 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	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<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>	
<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 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 _____			
<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>28</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>519-726-0613</u>	FAX No <u>519-726-0652</u>	
Title <u>QA Manager</u>	E-mail <u>jwakulch@windsormachine.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>T. Selc...</u>		Date <u>Aug 20/12</u>	
Print Name <u>T. SELC...</u>	Customer Tracking Number (Optional) _____		



Part Submission Warrant

Part Name <u>MY2013 D471 Manual Release Cable</u>		Cust. Part Number <u>CU5A-96501B18-AC35B8</u>	
Show on Drawing No <u>CU5A-96501B18-AC35B8</u>		na	
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 _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
Windsor Machine & Stamping Inc (2009)		Magna / Ford Motor	
Organization Name & Supplier/Vendor Code _____		Customer Name / Division _____	
Street Address <u>7072 Smith Industrial Drive</u>		Buyer / Buyer Code _____	
<u>McGregor Ontario N0R 1J0 Canada</u>		<u>MY2013 D471 3R MANUAL</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 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			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<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, Returbishment, 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>
<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 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 _____			
<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>28/1</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>iwakulch@windsormachine.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><i>T. SELLAIAN</i></u>		Date <u>Aug 20/12</u>	
Print Name <u>T. SELLAIAN</u>	Customer Tracking Number (Optional) _____		