



Part Submission Warrant

Part Name <u>ROD-RR ST. CTR. HD</u>		Cust Part Number <u>CUSA-966636-AB</u>	
Shown on Drawing No. <u>CUSA-966636-AB</u>		Ong Part Number <u>na</u>	
Engineering Change Level <u>B2</u>	Dated <u>Oct-21-10</u>		
Additional Engineering Changes <u>11281537-B11</u>	Dated <u>Oct-21-10</u>		
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No. _____	Weight (kg) <u>0.40 kg</u>	
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Rel. _____	Dated _____
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
Windsor Machine & Stamping Ltd(2009): G&R 1		Windsor Machine & Stamping Ltd(2009): G&R 3	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7072 Smith Industrial Drive</u>			
Street Address		Buyer / Buyer Code	
<u>McGregor, ON NOR 1J0 CANADA</u>		<u>2nd Row Center Frame Limolivery</u>	
City <u>McGregor</u>	Region <u>ON</u>	Postal Code <u>NOR 1J0</u>	Country <u>CANADA</u>
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>1661361481</u>	
Are polymeric parts identified with appropriate IED 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 checked="" 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 > Item 1 year	<input type="checkbox"/> Other please specify below _____		
<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 type="checkbox"/> Level 2 -	Warrant with product samples and limited supporting data submitted to customer.		
<input checked="" 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 checked="" 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>Form &amp; Weld</u>	
<b>DECLARATION</b>			
I affirm that the samples represented by the 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 / 8 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 <u>Form for Finished Part # DE33-74601B-AC C1 Date May19'11</u>			
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 Little</u>		Date <u>August 23/11</u>	
Print Name <u>J Little</u>		Phone No <u>519-726-0613</u>	FAX No <u>519-726-0662</u>
Title <u>Quality 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"/> Rejected <input type="checkbox"/> Other			
Customer Signature <u>Ana Chau (Windsor M &amp; S (2009))</u>		Date <u>Aug 23/2011</u>	
Print Name <u>Ana Chau</u>		Customer Tracking Number (Optional) _____	