



Part Submission Warrant

Part Name <u>2nd Row Head Restraint</u>		Cust. Part Number <u>1535019 (50%)</u>	
Shown on Drawing No. <u>01/28/2008 Rev. 01</u>		Orig Part Number <u>1535019</u>	
Engineering Change Level <u>AA</u>			Dated _____
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	Weight (kg) <u>0.767</u>
Checking Aid No. _____		Checking Aid Engineering Change Level _____	
		Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (G&R Cold Forging Inc)</u>		Johnson Controls	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7085 Smith Industrial Drive</u>		Sarah Helkkia	
Street Address		Buyer / Buyer Code	
<u>McGregor, Ontario N0R 1J0 Canada</u>		MY2008 C170 2nd Row	
City	Region	Postal Code	Country
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: _____		_____	
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 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 > than 1 year	<input type="checkbox"/> Other-please specify below _____		
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 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>Wire Forming / Foam Molding</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>280 / 20</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: <u>Capability to meet (initial) quoted volume of 169,000 / year with '08' foam tools only.</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>Michael Vecera</u>		Date <u>6/27/2008</u>	
Print Name <u>Michael Vecera</u>	Phone No <u>519-726-4010</u>	FAX No <u>519-726-5368</u>	
Title <u>Program Manager</u>	E-mail <u>mvecera@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>Jennifer Dubarshi</u>		Date: <u>28 JUL 08</u>	
Print Name <u>Jennifer Dubarshi</u>	Customer Tracking Number (Optional) _____		