



Part Name <u>1st Row Limo Livery Head Restraint</u> Magna Part Number <u>AE93-74610A60-AF</u>	
Shown on Drawing No. <u>AE93-74610A60-AF</u>	Orig Part Number <u>AE93-74610A60-AF</u>
Engineering Change Level <u>2</u>	Dated <u>23-Feb-09</u>
Additional Engineering Changes <u>Armature (BA-Level) / EPP (EB-Level) / Topper Pad</u> Dated <u>Armature (02/2010)</u> <u>EPP (06/2008)</u>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No. _____ Weight (kg) <u>0.67675</u>
Checking Aid No. <u>21162</u> Checking Aid Engineering Change Level <u>AF</u>	Dated _____
<b>ORGANIZATION MANUFACTURING INFORMATION</b>	
<u>Windsor Machine &amp; Stamping (2009) Ltd. (G&amp;R3)</u>	
Organization Name & Supplier/Vendor Code	
<u>7085 Smith Industrial Drive</u>	
Street Address	
<u>McGregor, Ontario N0R 1J0 Canada</u>	
City _____	Region _____ Postal Code _____ Country _____
<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Intier / Magna</u>	
Customer Name / Division	
Buyer / Buyer Code	
<u>D472 1R ROW LIMO LIVERY MY2013</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>322910363</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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, 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>Shipping address change - MSS</u>
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>	
<input checked="" 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 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 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>Foam and EPP, Frame and Topper Pad</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>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>[Signature]</u>	Date <u>5-Sep-12</u>
Print Name <u>Simon Cheng</u>	Phone No <u>519-726-4010</u> FAX No <u>516-726-5368</u>
Title <u>Quality Manager</u>	E-mail <u>scheng@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>[Signature]</u>	Date: <u>SEP/10/12</u>
Print Name <u>T. Sellceiah</u>	Customer Tracking Number (Optional) _____