



Part Name 1st Row Head Restraint		Cust. Part Number AL34-1561178-AA	
Shown on Drawing No. 06/29/2009 Rev.29		Orig Part Number 9L34-1561178-AD	
Engineering Change Level AA (Ford Data File #DC9L34-1561178-A_P1A01X_1_1)		Dated 26-May-09	
Additional Engineering Changes Armature (BA-Level) / EPP (FB-Level)		Dated Armature (01/2008)	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. _____ Weight (kg) 0.6555	
Checking Aid No. 13035 Checking Aid Engineering Change Level 21192		Dated 1.7 / 1.10 6-Dec-06	
AF (Foam Template) Mar-09			
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping (2009) Ltd.		JCI / Ford Motor	
Organization Name & Supplier/Vendor Code 7085 Smith Industrial Drive		Customer Name / Division My2010	
Street Address McGregor, Ontario N0R 1J0 Canada		Buyer / Buyer Code MY2010 P415	
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:		68401066 / 3	
Are polymeric parts identified with appropriate ISO marking codes? <input checked="" 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 Supplier or Material Source Change		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Other-please specify below		
<input type="checkbox"/> Tooling Inactive > than 1 year			
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 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.			
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		Tube Forming / Foam Molding	
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 _____ / 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: _____			
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: _____		Date: _____	
Print Name Jerry Mitri	Phone No 519-726-4010	FAX No 519-726-5368	
Title Quality Manager	E-mail jmitri@windsormachine.com		
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <i>[Signature]</i>		Date: 8/10/09	
Print Name <i>[Signature]</i>		Customer Tracking Number (Optional) _____	