



Part Submission Warrant

| | | | |
|---|--|---|---|
| Part Name <u>1st Row Head Restraint</u> | | Cust. Part Number <u>8A53-54610A60-BG</u> | |
| Shown on Drawing No. <u>03/03/3008 Rev. 17</u> | | Orig Part Number <u>8A53-54610A60-BG</u> | |
| Engineering Change Level <u>BG</u> | | Dated _____ | |
| Additional Engineering Changes <u>Armature (BA-Level) / EPP (EB-Level)</u> | | Dated _____ | |
| Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Purchase Order No. _____ | |
| Checking Aid No. <u>13035</u> | | Weight (kg) <u>0.6555</u> | |
| Checking Aid Engineering Change Level <u>20769</u> | | Dated <u>12/6/2006</u> | |
| _____ <u>1.7 / 1.10</u> | | _____ <u>03/2008</u> | |
| _____ <u>BF (Foam Template)</u> | | _____ | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| Windsor Machine & Stamping (G&R Cold Forging Inc) | | Lear / Ford Motor | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| 7085 Smith Industrial Drive | | Jerry Nozewski / Korynn Braden | |
| Street Address | | Buyer / Buyer Code | |
| McGregor, Ontario N0R 1J0 Canada | | D385 / Ford F-Family | |
| City | Region | Postal Code | Country |
| | | | Application |
| 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: | | <u>IMDS #81346774 / 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 | | | |
| 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>Tube 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 _____ / _____ 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>Michael Vecera</u> | | Date <u>4/2/2008</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>Phillip R. Allan</u> | | Date: <u>4/21/08</u> | |
| Print Name <u>Phillip R. Allan</u> | Customer Tracking Number (Optional) <u>686</u> | | |