



Part Submission Warrant

Part Name <u>D 471 Front Row Row SE Cloth</u>		Cust. Part Number <u>C9FD-FC-1T3/5B8-56500-N1</u>		<u>(8A83 74610A60 AE/AF-AF)</u>	
Shown on Drawing No. _____		Orig Part Number _____			
Engineering Change Level <u>N1 - PCN # 25455</u>		Dated _____			
Additional Engineering Changes _____		Dated _____			
Safety and/or Government Regulation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Purchase Order No. <u>N/A</u>		Weight (kg) _____	
Checking Aid No. _____		Checking Aid Engineering Change Level _____		Dated _____	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping (G&R Cold Forging #3)</u> <u>607396215</u>			<u>Intier Automotive</u>		
Organization Name & Supplier/Vendor Code			Customer Name / Division		
<u>7085 Smith Industrial Drive</u>			Buyer / Buyer Code		
Street Address			Application		
<u>Mc Gregor ON</u>		<u>NOR 1J0</u>		<u>Canada</u>	
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: <u># 80105789, # 80110126</u>					
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input checked="" type="checkbox"/>					
REASON FOR SUBMISSION (Check at least one)					
<input type="checkbox"/> Initial Submission		<input type="checkbox"/> Change to Optional Construction or Material			
<input checked="" type="checkbox"/> Engineering Change(s)		<input type="checkbox"/> Supplier or Material Source Change			
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional		<input checked="" 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			
Phase 3 - Change to process Flow - Conveyor					
REQUESTED SUBMISSION LEVEL(Check one)					
<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.					
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 type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)					
Mold / Cavity / Production Process _____					
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: _____ Date _____					
Print Name <u>Marilyn Clark</u>		Phone No <u>519-726-4010</u>		FAX No <u>519-726-5368</u>	
Title <u>Quality Manager</u>		E-mail <u>mclark@windsormachine.com</u>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <u>4/10/08</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____					
Customer Signature <u>Judy L. Dall</u>				Date: <u>6-25-08</u>	
Print Name _____		Inter Seating Systems		Customer Tracking Number (Optional) _____	

CONFIRMATION OF FORD PIN VS. INTIER PIN



Part Submission Warrant

Part Name D 471 Front Row Row SEL Vinyl Cust. Part Number C9FD-FL-1TB/5B8-56500-N4 (8A83 74610A60 AE/AF-AF)

Shown on Drawing No. _____ Orig Part Number _____

Engineering Change Level N4 PCN # 25769 Dated _____

Additional Engineering Changes _____ Dated _____

Safety and/or Government Regulation Yes No Purchase Order No. N/A Weight (kg) _____

Checking Aid No. - Checking Aid Engineering Change Level - Dated _____

ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine & Stamping (G&R Cold Forging #3) 607396215

Organization Name & Supplier/Vendor Code

7085 Smith Industrial Drive

Street Address

Mc Gregor ON NOR 1J0 Canada

City Region Postal Code Country

CUSTOMER SUBMITTAL INFORMATION

Intier Automotive

Customer Name / Division

Buyer / Buyer Code

Application

MATERIALS REPORTING

Has customer-required Substance of Concern information been reported? Yes No n/a

Submitted by IMDS or other Customer format: # _____

Are polymeric parts identified with appropriate ISO marking codes? Yes No n/a

REASON FOR SUBMISSION (Check at least one)

- Initial Submission
Engineering Change(s)
Tooling: Transfer, Replacement, Refurbishment, or Additional Correction of Discrepancy
Tooling Inactive > than 1 year
Change to Optional Construction or Material
Supplier or Material Source Change
Change in Part Processing
Parts Produced at Additional Location
Other-please specify below
Phase 3 - Change to process Flow - Conveyor

REQUESTED SUBMISSION LEVEL(Check one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer
Level 2 - Warrant with product samples and limited supporting data submitted to customer.
Level 3 - Warrant with product samples and complete supporting data submitted to customer
Level 4 - Warrant and other requirements as defined by customer.
Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.

SUBMISSION RESULTS

The results for dimensional measurements material & functional tests appearance criteria statistical process package

These results meet all drawing record requirements: Yes No (if "NO" Explanation Required)

Mold / Cavity / Production Process _____

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? Yes No n/a

Organization Authorized Signature: _____ Date _____

Print Name Marilyn Clark Phone No 519-726-4010 FAX No 519-726-5388

Title Quality Manager E-mail mclark@windsormachine.com

PPAP Warrant Disposition: 4/10/08 x Approved Rejected Other _____

Customer Signature Judy S. Dall Date: 6-25-08

Print Name Intier Seating Systems Customer Tracking Number (Optional) _____

CONFIRMATION OF FORD PIN VS. INTIER PIN/QR



Part Submission Warrant

Part Name <u>D 471 Front Row Row LTD Vinyl</u>		Cust. Part Number <u>C9FD-FE-1TB/5B8-56500-N4</u>		<u>(8A83 74810A60 AE/AF-AF)</u>	
Shown on Drawing No. _____		Orig Part Number _____			
Engineering Change Level <u>N4 - PCN - 25769</u>		Dated _____			
Additional Engineering Changes _____		Dated _____			
Safety and/or Government Regulation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Purchase Order No. <u>N/A</u>		Weight (kg) _____	
Checking Aid No. _____		Checking Aid Engineering Change Level _____		Dated _____	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping (G&R Cold Forging #3) 607396215</u>			<u>Intier Automotive</u>		
Organization Name & Supplier/Vendor Code			Customer Name / Division		
<u>7085 Smith Industrial Drive</u>			Buyer / Buyer Code _____		
Street Address			Application _____		
<u>Mc Gregor ON</u>		<u>NOR 1J0</u>		<u>Canada</u>	
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?				Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input checked="" type="checkbox"/>	
REASON FOR SUBMISSION (Check at least one)					
<input type="checkbox"/> Initial Submission		<input type="checkbox"/> Change to Optional Construction or Material			
<input checked="" type="checkbox"/> Engineering Change(s)		<input type="checkbox"/> Supplier or Material Source Change			
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional		<input checked="" 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			
Phase 3 - Change to process Flow-- Conveyor					
REQUESTED SUBMISSION LEVEL(Check one)					
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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 type="checkbox"/> Yes <input type="checkbox"/> No (# "NO" Explanation Required)					
Mold / Cavity / Production Process _____					
DECLARATION					
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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 <u>Marilyn Clark</u>	Phone No <u>519-726-4010</u>	FAX No <u>519-726-5368</u>			
Title <u>Quality Manager</u>	E-mail <u>mclark@windsormachine.com</u>				
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <u>4/10/08</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____					
Customer Signature <u>Judy J. Dell</u>		Date: <u>6-25-08</u>			
Print Name <u>Intier Seating Systems</u>		Customer Tracking Number (Optional) _____			

CONFIRMATION OF FORD P/N VS INTIER P/N