



Part Submission Warrant

Part Name 1st Row Head Restraint		Cust. Part Number BC34-2561178-B	
Shown on Drawing No. BA (Ford)		Orig Part Number BC34-2561178-B	
Engineering Change Level Armature (BA-Level) / EPP (FB-Level)	Dated 9-Dec-09		
Additional Engineering Changes N/A	Dated N/A		
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No. _____	Weight (kg) 0.6555	
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping (2009) Ltd. (G&R C F P#3)		JCI / Ford Motor	
Organization Name & Supplier/Vendor Code 7085 Smith Industrial Drive		Customer Name / Division	
Street Address McGregor, Ontario N0R 1J0 Canada		Buyer / Buyer Code MY2011 P473	
City McGregor	Region Ontario	Postal Code N0R 1J0	Country Canada
		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:		IMDS ID# 124867315	
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 type="checkbox"/> Initial Submission	<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Correction of Discrepancy
<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Change to Optional Construction or Material	<input type="checkbox"/> Supplier or Material Source Change	<input type="checkbox"/> Change in Part Processing
	<input type="checkbox"/> Parts Produced at Additional Location	<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 checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input checked="" 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 720 parts / 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: Phase 2 PPAP - Capacity Tooling			
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 25-Jan-10	
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 George Raub		Date: 1/25/10	
Print Name George Raub		Customer Tracking Number (Optional) _____	

graub@ford.com