

DAIMLER Chrysler



# Part Submission Warrant

|                                     |   |                                       |   |
|-------------------------------------|---|---------------------------------------|---|
| Part Name                           | <u>Isolator</u>   | Cust. Part Number                     | <u>11.53.018.43.0.85 (GM #15923767)</u> |
| Shown on Drawing No.                | <u>11.53.018.43.0.85</u>  | Orig Part Number                      | <u>Yes</u>                              |
| Engineering Change Level            | <u>Revision B</u>   | Dated                                 | <u>7/13/2006</u>                        |
| Additional Engineering Changes      | _____ Dated _____   |                                       |   |
| Safety and/or Government Regulation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Purchase Order No.                    | _____ Weight (kg) <u>0.076</u>          |
| Checking Aid No.                    | _____   | Checking Aid Engineering Change Level | _____ Dated _____                       |

### ORGANIZATION MANUFACTURING INFORMATION

### CUSTOMER SUBMITTAL INFORMATION

**Windsor Machine & Stamping**  
 Organization Name & Supplier/Vendor Code  
26855 Northline Road  
 Street Address  
Taylor, Michigan 48180  
 City Region Postal Code Country

Eberspaecher North America  
 Customer Name / Division  
Andy Moreau  
 Buyer / Buyer Code  
GMT 191/192/193 Program  
 Application

### MATERIALS REPORTING

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

Submitted by IMDS or other Customer format: IMDS Reference # 49863338 / 0.01

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

### REASON FOR SUBMISSION (Check at least one)

- |   |  |
|---|--|
| <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 checked="" 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)

- 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 2635 / 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: Re-submission of initial PPAP (04/28/2006) regarding discrepancy of tolerance on print.

Is each Customer Tool Properly tagged and numbered?  Yes  No  n/a

Organization Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name Phil Fairley Phone No 519-757-7155 FAX No 519-797-7102

Title Quality Director E-mail pfairley@windsormachine.com

### FOR CUSTOMER USE ONLY (IF APPLICABLE)

PPAP Warrant Disposition:  Approved  Rejected  Other

Customer Signature Sean Desmond Date: 8-14-06

Print Name Sean Desmond - SQE Customer Tracking Number (Optional) \_\_\_\_\_

cc purchasing