

Part Submission Warrant

Part Name <u>Tailpipe Rod</u>		Cust Part Number <u>252582</u>	
Shown on Drawing No. <u>252582</u>		Orig Part Number <u>252582</u>	
Engineering Change Level <u>C2</u>		Dated <u>21-Sep-05</u>	
Additional Engineering Changes <u>EWR38926</u>		Dated _____	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. <u>4500498317</u>	Weight (kg) <u>0.3533</u>
Checking Aid No. <u>3050</u>		Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (2009) PPI</u>		<u>Tenneco Automotive - Marshall</u>	
Organization Name & Supplier/Vendor Code <u>26655 Northline Road</u>		Customer Name / Division _____	
Street Address <u>Taylor, Michigan 48180</u>		Buyer / Buyer Code <u>U222 / 228 Ford</u>	
City	Region	Postal Code	Country
_____	_____	_____	_____
MATERIALS REPORTING		Application _____	
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# <u>35807508</u>	
Are polymer 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"/> 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 Addition	<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 checked="" type="checkbox"/> Other-please specify below		
		<u>Location change due to business consolidation</u>	
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 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		<u>Draw / Bend / Cut</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 488 / 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 <u>Location change due to business consolidation, same equipment, same tooling, same gauges and same material and material source</u>			
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>Ana Chau</u>		Date <u>April 28/09</u>	
Print Name <u>Ana Chau</u>		Phone No. <u>519-737-7155 ext.242</u>	FAX No. <u>519-737-7162</u>
Title <u>PPAP Co-ordinator</u>		E-mail: <u>achau@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>Ed Hourz</u>		Date: <u>5/4/09</u>	
Print Name <u>ED Hourz</u>		Customer Tracking Number (Optional) _____	