



Part Submission Warrant

Part Name <u>Bracket Assy - Muffler Inlet</u>		Cust. Part Number <u>6C24-5A242-AA</u>	
Shown on Drawing No. <u>6C24-5A242-AA</u>		Orig Part Number <u>6C24-5A242-AA</u>	
Engineering Change Level <u>Rel</u>	Dated <u>4/20/2004</u>		
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	Weight (kg) _____
Checking Aid No. _____		Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Pioneer Polymers Inc.</u>		<u>Wayne Manufacturing</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>14 Industrial Park Drive</u>		<u>Slave Markoc</u>	
Street Address		Buyer / Buyer Code	
<u>Tilbury, Ontario</u>		<u>Ford</u>	
City <u>Tilbury, Ontario</u>	Region <u>NOP 2L0</u>	Postal Code <u>Canada</u>	Country _____
City _____		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 to be done by Ford</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"/> 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 _____	
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 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 _____			
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 _____ / 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>PPI providing blanks for this final assembly</u>			
Is each Customer Tool Property tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>Ana R Chau</u>		Date: <u>March 6, 2008</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7155</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Coordinator</u>	E-mail <u>achau@windsofmachine.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>Bethmuse</u>		Date: <u>3/08</u>	
Print Name <u>Bethmuse</u>	Customer Tracking Number (Optional) _____		
March CFG-1001			