



Part Submission Warrant

Part Name <u>Bracket Assy - Muffler Inlet</u>		Cust. Part Number <u>6C34-5A242-LA</u>	
Shown on Drawing No. <u>6C34-5A242-LA</u>		Orig Part Number <u>6C34-5A242-LA</u>	
Engineering Change Level <u>Rel</u>		Dated <u>6/16/2005</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 <u>14 Industrial Park Drive</u>		Customer Name / Division <u>Steve Markoc</u>	
Street Address <u>Tilbury, Ontario</u>		Buyer / Buyer Code <u>Ford</u>	
<u>N0P 2L0</u> <u>Canada</u>		Application _____	
City <u>Tilbury</u> Region <u>Ontario</u> Postal Code <u>N0P 2L0</u> Country <u>Canada</u>			
MATERIALS REPORTING			
Has customer-required Substance of Concern Information been reported?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other Customer format:		<u>IMDS by Flexible</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"/>	Change to Optional Construction or Material Supplier or Material Source Change
<input type="checkbox"/>	Engineering Change(s)	<input type="checkbox"/>	Change in Part Processing
<input type="checkbox"/>	Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/>	Parts Produced at Additional Location
<input type="checkbox"/>	Correction of Discrepancy	<input type="checkbox"/>	Other - please specify _____
<input type="checkbox"/>	Tooling Inactive > than 1 year		
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 Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>Ana B Chau</u>		Date <u>Mar 7, 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>a Chau@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>Beth Muse</u>		Date: <u>3+10-08</u>	
Print Name <u>Beth Muse</u>		Customer Tracking Number (Optional) _____	
Marsh <u>CFG-1001</u>			