



Part Submission Warrant

Part Name	Brkt - Exh Svcr Pip	Cust. Part Number	7C34-5291-CC
Shown on Drawing No.	7C34-5291-CC	Orig Part Number	
Engineering Change Level		Dated	2/25/2008
Additional Engineering Changes		Dated	
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No.	
Weight (kg)			0.518
Checking Aid No.		Checking Aid Engineering Change Level	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Pioneer Polymers Inc.		Wayne Manufacturing	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
14 Industrial Park Drive		Steve Markoc	
Street Address		Buyer / Buyer Code	
Tilbury, Ontario		Ford	
City	Region	Postal Code	Country
		NOP 2L0	Canada
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:		_____	
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
<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 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
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: _____			
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 R Chau</u>		Date: <u>March 6, 2008</u>	
Print Name	Ana Chau	Phone No	519-737-7155
		FAX No	519-737-7102
Title	PPAP Coordinator		
E-mail	achau@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	<u>Beth Muse</u>	Date:	<u>3/6/08</u>
Print Name	<u>Beth Muse</u>	Customer Tracking Number (Optional) _____	