



Part Submission Warrant

Part Name	Post - R/St H/Rest	Cust. Part Number	L0043611AB,01
Shown on Drawing No.	L0043611AB,01	Orig Part Number	860053-AC
Engineering Change Level	AB01	Dated	9-Jul-04
Additional Engineering Changes	N/A	Dated	
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No.	217478
Weight (kg)	0.47355		
Checking Aid No.	2056	Checking Aid Engineering Change Level	AB01
Dated	15-Sep-05		
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping 607396215		Lear Corporation - Ramos 1	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
26655 Northline Road		Brian Vandenberghe SM04	
Street Address		Buyer / Buyer Code	
Taylor, Michigan 48180		DR Ram Truck Seating 2004	
City	Region	Postal Code	Country
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:		IMDS # 15738425	
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 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 checked="" type="checkbox"/>	Other-please specify below
			Shipping to Lear - Ramos 1
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 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		Forming Machine	
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 4000 / 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>Shipping to Ramos</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 R Chau</u>		Date: <u>Nov 3, 2006</u>	
Print Name	Ana Chau	Phone No	519-737-7155 ext 242
FAX No	519-737-7102		
Title	PPAP Co-ordinator		
E-mail	achau@windsormachine.com		
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other		
Customer Signature	Date:		
Print Name	Customer Tracking Number (Optional)		