



Part Name	HEADREST POST		Cust. Part Number	L0045963AA03	
Shown on Drawing No.	L0045963AA03		Orig Part Number	L0045963AA	
Engineering Change Level	2		Dated	30-Nov-04	
Additional Engineering Changes	N/A		Dated	N/A	
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No.	217478	
Weight (kg)				0.458	
Checking Aid No.	2506		Checking Aid Engineering Change Level	2	
Dated				30-Nov-05	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
Windsor Machine & Stamping (Pellus)	607396215		LEAR CORPORATION		
Organization Name & Supplier/Vendor Code	7045 Industrial Drive		Customer Name / Division		
Street Address	Gamber, Ont.		Brian Vandenberghe SM04		
City	NOR 1J0 Canada		Buyer / Buyer Code		
Region			ND DAKOTA SEATS 2005		
Postal Code			Application		
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 BADS or other Customer format: ID# 15507401					
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	
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 <u>Form Machine</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 1600 / 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 Chau</u>			Date: <u>May 22/07</u>		
Print Name: <u>Ana Chau</u>		Phone No: <u>519-737-7155 ext 242</u>		FAX No: <u>519-737-7102</u>	
Title: <u>PPAP Co-ordinator</u>		E-mail: <u>achau@windsor-machine.com</u>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other					
Customer Signature: <u>[Signature]</u>			Date: <u>05/22/07</u>		
Print Name: <u>[Signature]</u>			Customer Tracking Number (Optional): _____		

cc: Adam T