



Part Name <u>Frame - Headrest (GMT900 3rd Row)</u> Cust. Part Number <u>L0057535AA,06</u>	
Shown on Drawing No. <u>L0057535AA</u> Orig Part Number <u>L0057535AA</u>	
Engineering Change Level <u>ECN# 0086702 (MP)</u> Dated <u>22-Sep-06</u>	
Additional Engineering Changes <u>N/A</u> Dated <u>N/A</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Order No. _____ Weight (kg) _____	
Checking Aid No. <u>303</u> Checking Aid Engineering Change Level <u>006</u> Dated <u>9-Mar-07</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>	<b>CUSTOMER SUBMITTAL INFORMATION</b>
Windsor Machine & Stamping <u>607396215</u>	<u>Lear Corporation</u>
Organization Name & Supplier/Vendor Code <u>7045 Industrial Drive</u>	Customer Name / Division <u>Brian Vandenberghe 81804</u>
Street Address <u>Comber, Ont</u> <u>NOR 1L0</u> <u>Canada</u>	Buyer / Buyer Code <u>GMT 900 3rd Row Export</u>
City _____ Region _____ Postal Code _____ Country _____	Application _____
<b>MATERIALS REPORTING</b>	
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 ID# 34191745</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>	
<input type="checkbox"/> In-Bid Submission	<input type="checkbox"/> Change to Optional Construction or Material
<input checked="" 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 <u>Shipping to Lear - Ramos</u>
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>	
<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.	
<b>SUBMISSION RESULTS</b>	
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>Draw / Form / Broch / Chamfer</u>	
<b>DECLARATION</b>	
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 4800 / 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>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@windsormachine.com</u>	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>	
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other	
Customer Signature: _____ Date: <u>06/15/07</u>	
Print Name _____ Customer Tracking Number (Optional) _____	

cc Adam T