

Part Submission Warrant

Part Name <u>Headrest Frame</u>		Cust. Part Number <u>L0108062AA05</u>	
Shown on Drawing No. <u>L0108062AA05</u>		Orig Part Number <u>L0108062AA05</u>	
Engineering Change Level <u>005</u>	Dated <u>26-Sep-2006</u>		
Additional Engineering Changes <u>n/a</u>	Dated <u>n/a</u>		
Safely and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. <u>233256</u>	Weight (kg) <u>0.3887</u>	
Checking Aid No. <u>13271</u>	Checking Aid Engineering Change Level <u>005</u>	Dated <u>27-Sep-2006</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (Pellus) 607396215</u>		<u>Lear Corporation</u>	
Organization Name & Supplier/Vendor Code <u>7045 Industrial Drive</u>		Customer Name / Division <u>Brian SM04 Vandenbergh</u>	
Street Address <u>Comber, Ont. N0P 1J0 Canada</u>		Buyer / Buyer Code <u>GMT900 Extended Cab</u>	
City: <u>Comber, Ont.</u>	Region: <u>N0P</u>	Postal Code: <u>1J0</u>	Country: <u>Canada</u>
		Application	
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 ID# <u>51645418</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		
<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 <u>Shipping to Lear Fuentes</u>		
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>Wire forming</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 1920 / 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 Lear Fuentes</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>July 27/07</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7165 ext 242</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Co-ordinator</u>	E-mail <u>achau@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>Jose Lopez</u>		Date: <u>08/09/09</u>	
Print Name <u>LMO</u>	Customer Tracking Number (Optional)		

Attention: Jerry M, Adam