

Part Name <u>60/40 Headrest Asm.</u>		Cust. Part Number <u>L0023287AJ-29 (RH)</u>	
Shown on Drawing No. <u>L0023287AJ-29</u>		Orig Part Number <u>L0023287</u>	
Engineering Change Level <u>14</u>		Dated <u>4-Mar-09</u>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.8760</u>	
Checking Aid No. <u>2431</u> Checking Aid Engineering Change Level _____		Dated <u>14</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine de Mexico</u> <u>607396215</u>		<u>Lear Co. Fuentes</u>	
Organization Name & Supplier/Vendor Code <u>S de RL fe CV, Blvd Fundadores 7276-6</u>		Customer Name / Division <u>Holly Curonovic</u>	
Street Address <u>Saltillo, Coahuila</u> <u>25020 Mexico</u>		Buyer / Buyer Code <u>U251</u>	
City _____	Region _____	Postal Code _____	Country _____
<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>85008297</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"/>	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>Yearly Validation</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>Assembly</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 <u>1100 / 8 hours</u> . 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>Add in the drawings THE TORQUE SCREW TO 2 - 4 Nm. TL FULLY SEATED AGAINST PLASTIC COVER.</u>			
Yearly validation			
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: _____		Date <u>January 12th, 2010</u>	
Print Name <u>Arturo Sanchez</u>	Phone No <u>+52 (844) 413-7935 / 7975</u>	FAX No _____	
Title <u>Quality Manager</u>	E-mail <u>asanchez@windsormachine.com</u>		
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE)</b>			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>Jose Roos</u>		Date: <u>03/25/10</u>	
Print Name <u>JMR</u>		Customer Tracking Number (Optional) _____	