



Part Submission Warrant

Part Name <u>Post-Right Rod</u>		Cust. Part Number <u>2215140_PIA03</u>	
Shown on Drawing No. <u>2215140_PIA03</u>		Orig Part Number <u>2215140_PIA03</u>	
Engineering Change Level <u>"1"</u>		Dated <u>5/24/2011</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) <u>0.1954 kg</u>	
Checking Aid No. <u>13087</u> Checking Aid Engineering Change Level <u>1.4</u>		Dated <u>2/8/2008</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (U.S.) Ltd</u>		<u>Windsor De Mexico</u>	
Organization Name & Supplier/Vendor Code <u>28665 Northline Road</u>		Customer Name / Division <u>Arturo Sanchez</u>	
Street Address <u>Taylor, Michigan 48180</u>		Buyer / Buyer Code <u>U222</u>	
City	Region	Postal Code	Country
		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: <u>IMDS # 164206244</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, Rebuild/ishment, 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 type="checkbox"/> Other-please specify below		
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>Draw, Straighten, Cut Broach Chamfer, Coin, Trim, Bend</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 1760 / 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: _____			
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>Beth Muse</u>		Date <u>6/22/2011</u>	
Print Name <u>Beth Muse</u>	Phone No <u>734-841-7320</u>	FAX No <u>734-841-6208</u>	
Title <u>Quality Manager</u>	E-mail <u>bmuse@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>Arturo Sanchez</u>		Date: <u>July 25th. 2011</u>	
Print Name <u>Arturo Sanchez</u>	Customer Tracking Number (Optional) <u>N/A</u>		