



Phase and submission type
 Phase 1 Phase 2 Phase 3 Interim (Non-PPAP)

PPAP Submission Warrant

PART INFORMATION

Part Name B299 1R 4 W HR ASM Cust. Part Number 2349714
 Shown on Drawing Number 2349714 Organization Part Number 2349714
 Engineering Change Level REL Dated 12/13/2011
 Additional Engineering Changes _____ Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. _____ Weight (kg) _____
 Checking Aid Number 14437 Checking Aid Engineering Change Level REL Dated 12-Mar-12

ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine & Stamping (US) Ltd
 Organization Name and Supplier/vendor Code _____
 26655 Northline Road
 Street Address _____
 Taylor MI 48180 US
 City Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

JCI
 Customer Name/Division _____
 Buyer/Buyer Code _____
 MY2013-Focus FIESTA
 Application _____

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No
 Submitted by IMDS or other customer format: 227807587
 If submitted by IMDS, enter Module ID number, version and date transmitted 227807587

Are polymeric parts identified with appropriate ISO marking codes? Yes No n/a

REASON FOR SUBMISSION (Check at least one)

- Initial submission
- Engineering Change(s)
- Tooling: Transfer, Replacement, Refurbishment, or additional
- Correction of Discrepancy
- Tooling Inactive > than 1 year
- Change to Optional Construction or Material
- Supplier or Material Source Change
- Change in Part Processing
- Parts produced at Additional Location
- Other - please specify below

REQUESTED SUBMISSION LEVEL (Select one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.
- Level 2 - Warrant with product samples and limited supporting data submitted to customer.
- Level 3 - Warrant with product samples and complete supporting data submitted to customer.
- Level 4 - Warrant and other requirements as defined by customer.
- Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.

SUBMISSION RESULTS

The results for dimensional measurements, material and functional tests appearance criteria statistical process package
 These results meet all design requirements Yes No (If "No" - Explanation Required)

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 2960 / 16 hours using 1 production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature Beth Muse Print Name Beth Muse Date 12-Mar-12
 Title Quality Manager Phone No. 734-941-7320 Fax 734-941-6208 Email bmuse@windsromachine.com

Is each Customer Tool properly tagged and numbered? Yes No n/a

Capacity Requirements

Source of the Program Approval requirements _____ Detail / Date _____
 Program Approval (<PA>) Requirements APW _____ MPW _____
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met Date _____
 Source of the revised requirements after <PA> GCP & STUDY 2402 Detail / Date STUDY 2402 + GCP
 Revised requirements after <PA> APW 12,640 MPW 14,120
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date _____
 Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW _____ MPW _____ Date _____

FOR FORD USE ONLY

PPAP Approved Rejected Interim Accepted
 Warrant Status: Approved Rejected Interim Accepted

STA Signature	<u>E. Tower</u>	Name	<u>EVERETTE TOWER</u>
Date	<u>4/2/2012</u>	e-mail	<u>etower2@ford.com</u>
P.D. Signature		Name	
Date		e-mail	

Interim Status
 (to be completed by the Organization)

Engineering Authorization: Alert or Alert Report

Description: (Incomplete PPAP Requirements) _____