



Part Submission Warrant

Part Name _____		Cust. Part Number	A1256 (15740773)	
Shown on Drawing No. A1256AB		Orig Part Number	A1256	
Engineering Change Level	AB	Dated	19/01/2003	
Additional Engineering Changes _____		Dated	_____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No.	300642	Weight (kg) .2875 kg
Checking Aid No.	2181	Checking Aid Engineering Change Level	1.0	Dated 21/07/2003
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping (U.S) Ltd			Formet	
Organization Name & Supplier/Vendor Code			Customer Name / Division	
26655 Northline Road			Gord Martin	
Street Address			Buyer / Buyer Code	
Taylor, Michigan 48180			Program LD	
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:		_____		
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 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 checked="" 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 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 checked="" type="checkbox"/>	Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input 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		Draw, Straightner, Coin, Bender		
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 _____ / _____ 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: Tooling transferred to another TS-16949 Location within our company.				
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: Beth Muse		Date	23/08/2010	
Print Name	Beth Muse	Phone No	734-941-7320	FAX No 734-941-6208
Title	Quality Manager	E-mail	bmuse@windsormachine.com	
FOR CUSTOMER USE ONLY (IF APPLICABLE)				
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____				
Customer Signature <i>Gord Martin</i>			Date: 04-Oct-10	
Print Name	GORD MARTIN	Customer Tracking Number (Optional) _____		