



Part Submission Warrant

Part Name <u>Brace Asm - Pick Up Box Side Front RH</u>		Cust. Part Number <u>C1G2442</u>
Shown on Drawing No. <u>97253716</u>		Orig Part Number <u>97300982</u>
Engineering Change Level <u>.003</u>	Dated <u>3/14/2001</u>	
Additional Engineering Changes _____		Dated _____
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.345 kg</u>
Checking Aid No. <u>1454b</u>	Checking Aid Engineering Change Level <u>1.7</u>	Dated <u>2/24/2003</u>
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION
<u>Windsor Machine & Stamping (U.S) Ltd</u>		<u>Wellington Industries</u>
Organization Name & Supplier/Vendor Code <u>26655 Northline Road</u>		Customer Name / Division
Street Address <u>Taylor, Michigan 48180</u>		Buyer / Buyer Code
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>73850467/1</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 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 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, Strght, Bend, Coin, Pierce, Tap</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 480 / 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>Moved to another TS16949 plant location</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>Beth Muse</u>	Date	<u>1/25/2010</u>
Print Name <u>Beth Muse</u>	Phone No <u>734-941-7320</u>	FAX No <u>734-941-6208</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>[Signature]</u>	Date:	<u>6/2/10</u>
Print Name <u>Don Turney</u>	Customer Tracking Number (Optional) _____	