



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

PPAP Submission Warrant

PART INFORMATION

Part Name D258 4-WAY HEADRESTRAINT Cust. Part Number CG2A-96611E24-AB
 Shown on Drawing Number CG2A-96611E24-A Organization Part Number CG2A-96611E24-A
 Engineering Change Level 2 Dated 21-Sep-11
 Additional Engineering Changes AB00 E 12479379 000 Dated 9/21/2011

Safety and/or Government Regulation Yes No Purchase Order No. 288502 Weight (kg) 1.0356
 Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

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

CUSTOMER SUBMITTAL INFORMATION

Lear Hammond
 Customer Name/Division
Miko Jefferson
 Buyer/Buyer Code
D258 Headrest
 Application

MATERIALS REPORTING

Has customer-required Substances of Concern Information been reported? Yes No

Submitted by IVDOS or other customer format: _____

If submitted by IVDOS, enter Module ID number, version and date transmitted 182147903 / 0.01

Are polymeric parts identified with appropriate ISO marking codes? Yes No 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, 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 (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 1025 / 16 hours using 4 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 Capacity Study Completed on 2/3/12 and passed.

Organization Authorized Signature Both Muse Print Name Both Muse Date 3-Feb-12
 Title Quality Manager Phone No. 734-941-7320 Fax: 734-941-6208 Email bmuse@windsormachine.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> _____ Detail / Date _____
 Revised requirements after <PA> APW _____ MPW _____
 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 Non-PPAP™

Phased PPAP Warrant Status: Approved Rejected Interim Accepted

STA Signature	Name
Date	e-mail
P.D. Signature	Name
Date	e-mail

If Non-PPAP status, the part does not meet any of the PPAP requirements and is non-conforming.
 If P.D. signature is for Proxy, apply on CRP4 program.

Interim Status
 (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (to complete PPAP Requirements) _____