



# Part Submission Warrant

Part Name <u>Torsion Bar, Rear</u>		Cust. Part Number <u>L0072223AA,02</u>	
Shown on Drawing No. <u>L0072223AA,02</u>		Orig Part Number <u>L0072223AA,02</u>	
Engineering Change Level <u>002 (MP)</u>		Dated <u>25-Jan-05</u>	
Additional Engineering Changes <u>N/A ECN 53825</u>		Dated <u>N/A</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>189805</u> Weight (kg) <u>1.2372</u>	
Checking Aid No. <u>12900</u> Checking Aid Engineering Change Level <u>001 (MP)</u>		Dated <u>21-Apr-05</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping</u> <u>607398215</u>		<u>Lear Corporation</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>26655 Northline Road</u>		<u>Brian Wilson M04</u>	
Street Address		Buyer / Buyer Code	
<u>Taylor, Michigan 48180</u>		<u>LeSabre</u>	
City	Region	Postal Code	Country
			Application
<b>MATERIALS REPORTING</b>			
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 ID# 25122392</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<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 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 checked="" type="checkbox"/>	Other-please specify below
			<u>Annual</u>
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<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.		
<b>SUBMISSION RESULTS</b>			
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 _____			
<b>DECLARATION</b>			
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 <u>8001</u> <u>8</u> 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>Ana R Chau</u>		Date: <u>Jan 31/08</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7155 ext 242</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Co-ordinator</u>	E-mail <u>achau@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>Jan 31/08</u>	
Print Name <u>[Signature]</u>	Customer Tracking Number (Optional) _____		

cc: Beth Muse