



Part Submission Warrant

Part Name <u>Rod - Exhaust Hanger RH</u>		Cust. Part Number <u>11005AE</u>	
Shown on Drawing No. <u>11005AE-STD0112</u>		Orig Part Number <u>11005AE</u>	
Engineering Change Level <u>AE</u>		Dated <u>2/16/2010</u>	
Additional Engineering Changes <u>N/A</u>		Dated <u>N/A</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.2477</u>	
Checking Aid No. <u>13153</u> Checking Aid Engineering Change Level _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping Ltd (2009): G&amp;R 1</u>		<u>Modatek Systems</u>	
Organization Name & Supplier/Vendor Code <u>7072 Smith Industrial Dr.,</u>		Customer Name / Division <u>Dominique Monginet</u>	
Street Address <u>McGregor, ON</u> <u>NOR 1J0</u>		Buyer / Buyer Code <u>JS Program</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>129817339 / 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	
<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>Shipping point change to G&amp;R 1</u>		
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>			
<input checked="" 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 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 type="checkbox"/> dimensional measurements <input 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>Upset, Form, Weld</u>	
<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 750 / 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>Change shipping point from Pioneer Polymers to G&amp;R 1.</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>John Little</u> <i>J. Little</i>		Date <u>Nov. 15/10</u>	
Print Name <u>J. Little</u>	Phone No <u>519-726-0813</u>	FAX No <u>519-726-0852</u>	
Title <u>Quality Manager</u>		E-mail <u>jlittle@windsormachine.com</u>	
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE)</b>			
PPAP Warrant Disposition <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <i>Aimez Gill</i>		Date: <u>12/16/10</u>	
Print Name <u>AIMEZ GILL</u>		Customer Tracking Number (Optional) _____	