



Part Submission Warrant

Part Name <u>Hook, Silencer</u>		Cust. Part Number <u>8T435H274A (PNN7077)</u>	
Shown on Drawing No. <u>8T435H274A (PNN7077)</u>		Orig Part Number <u>8T435H274A (PNN7077)</u>	
Engineering Change Level <u>"1"</u>		Dated <u>5/22/07</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>.1493kg</u>	
Checking Aid No. <u>3585</u>		Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (G & R Cold Forging, Inc.)</u>		<u>P & F Tool / Magna</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7072 Smith Industrial Drive</u>		<u>Joanne URBES</u>	
Street Address		Buyer / Buyer Code	
<u>McGregor, ONT NOR 1JO Canada</u>		<u>U387 Ford</u>	
City	Region	Postal Code	Country
			Application
MATERIALS REPORTING			
Has customer-required Substance of Concern information been reported? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS or other Customer format:		<u>672B5031</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 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(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 type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input checked="" type="checkbox"/> statistical process package			
These results meet all drawing record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>IF "NO" Explanation Required</small>			
Mold / Cavity / Production Process		<u>CNC Head / Bend</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 800 / 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: _____			
Is each Customer Tool Property tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>Ana P Chau</u>		Date <u>June 20/07</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7155</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Coordinator</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>23/6/07</u>	
Print Name <u>David Rosenbaum</u>	Customer Tracking Number (Optional) _____		

cc: Barry Winder, Annette L