



Part Submission Warrant

Part Name <u>MY 2013 D472 3rd Row Head Restraint-Power</u>		Cust. Part Number	Ford P/N: <u>AUSA-86501B18-DGW</u>
Shown on Drawing No. <u>AUSA-86501B18-DGW</u>		Orig Part Number	Magna P/N: <u>D3FA-###-76520-M</u>
Engineering Change Level	<u>AB00-E-12391017-00</u>	Dated	<u>Oct 7/10</u>
Additional Engineering Changes	<u>PCN 31257</u>	C12391017	Dated <u>Oct 8 /10</u>
Safety and/or Government Regulation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Purchase Order No.	Weight (kg) <u>2 Kg.</u>
Checking Aid No.	Checking Aid Engineering Change Level	Dated	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping Inc (2005)</u>		<u>Magna / Ford Motor</u>	
<u>Organization Name &amp; Supplier/Vendor Code</u>		<u>Customer Name / Division</u>	
<u>7972 Smith Industrial Drive</u>		<u>Beno Evenden / Duane Hering</u>	
<u>Street Address</u>		<u>Buyer / Buyer Code</u>	
<u>McGregor</u>	<u>Ontario</u>	<u>NOR 1J0</u>	<u>Canada</u>
<u>City</u>	<u>Region</u>	<u>Postal Code</u>	<u>Country</u>
		<u>Application</u>	
<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>130874387/0 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 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
<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 checked="" 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>Mechanism Assembly</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 <u>200</u> / <u>1</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>[Signature]</u>		Date <u>2/3/2012</u>	
Print Name <u>John Wakulchik</u>	Phone No <u>519-726-0613</u>	FAX No <u>519-726-0652</u>	
Title <u>QA Manager</u>	E-mail <u>wakulch@windsormachine.com</u>		
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Reject <input type="checkbox"/> Other			
Customer Signature <u>[Signature]</u>		Date: <u>Feb 21/12</u>	
Print Name <u>T. SELLAIAH.</u>	Customer Tracking Number (Optional)		