



Part Submission Warrant

Part Name <u>MY2012 3rd Row Head Restraint-Manual</u>		Cust. Part Number	Ford P/N: CU5A-96501B18-ABW
Shown on Drawing No. <u>CU5A-96501B18-ABW</u>		Orig Part Number	Magna P/N: D2FD-1TB-76520-M1 / D2FD-5B8-76520-M1
Engineering Change Level <u>12391017-000</u>		Dated	<u>Oct. 7 /10</u>
Additional Engineering Changes <u>None</u>		Dated	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No.	Weight (kg) <u>1.91 Kg.</u>
Checking Aid No. _____		Checking Aid Engineering Change Level	Dated
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping Inc (2009)</u>		<u>Magna / Ford Motor</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7072 Smith Industrial Drive</u>		<u>Barb Evenden / Duane Herring</u>	
Street Address		Buyer / Buyer Code	
<u>McGregor</u> <u>Ontario</u>	<u>N0R 1J0</u> <u>Canada</u>	<u>MY2012 D471 3R Manual</u>	
City	Region	Postal Code	Country
			Application
MATERIALS REPORTING			
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>150922271/0.01</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 type="checkbox"/> dimensional measurements <input checked="" 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>	
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 <u>28/1</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: _____		Date	<u>Jan. 21/11</u>
Print Name <u>John Little</u>	Phone No <u>519-726-0613</u>	FAX No	<u>519-726-0652</u>
Title <u>QA Manager</u>	E-mail	<u>jlittle@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 _____		Date:	<u>3/7/11</u>
Print Name <u>Magna</u>	Customer Tracking Number (Optional)		

Phase 2