



Part Submission Warrant

Part Name <u>MY2013 3rd Row Head Restraint-Manual</u>		Cust. Part Number <u>D471</u>	Ford P/N: <u>CUSA-96501B18-ABW</u>
Shown on Drawing No <u>CUSA-96501B18-ABW</u>		Orig Part Number <u>na</u>	Magna P/N: <u>D3FD-F###-76500-M3</u>
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 _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping (2009) Ltd.</u>		<u>Magna / Ford Motor</u>	
Organization Name & Supplier/Vendor Code _____		Customer Name / Division _____	
<u>7072 Smith Industrial Drive</u>		<u>Barb Evendon / Duane Herring</u>	
Street Address _____		Buyer / Buyer Code _____	
<u>McGregor</u> <u>Ontario</u> <u>N9R 1J0</u> <u>Canada</u>	<u>MY2013 D471 3R HEAD REST Manual</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>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	
<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 _____	Mechanism Assembly _____		
<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>281</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>Feb 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>jwakulch@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 <u>[Signature]</u>	Date:	<u>Feb 12</u>	
Print Name <u>TO SELLAIH</u>	Customer Tracking Number (Optional) _____		