

DAIMLER Chrysler



Part Submission Warrant

Part Name <u>Hanger</u>		Cust. Part Number <u>E6188AD</u>	
Shown on Drawing No. <u>E6188AD</u>		Orig Part Number <u>NA</u>	
Engineering Change Level <u>AD</u>		Dated <u>May 16 /11</u>	
Additional Engineering Changes <u>na</u>		Dated <u>na</u>	
Safety and/or Government Regulation Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>		Purchase Order No. _____ Weight (kg) <u>0.218</u>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping(2009) Ltd: G&R 1</u>		<u>FORMET INDUSTRIES</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7072 Smith Industrial Drive</u>		Buyer / Buyer Code	
Street Address		Application	
<u>McGregor, ONTARIO</u>		<u>N0R 1J0 CANADA</u>	
City	Region	Postal Code	Country
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>165098172/1</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input type="checkbox"/>	Initial Submission	<input type="checkbox"/>	Change to Optional Construction or Material
<input checked="" 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 checked="" 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.	
SUBMISSION RESULTS			
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" 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>Head, Bend and Cut</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 / 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 Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>J. Little</u>		Date <u>July 5/11</u>	
Print Name <u>John Little</u>		Phone No <u>519-726-0613</u> FAX No <u>519-726-0652</u>	
Title <u>Quality Manager</u>		E-mail <u>jlittle@windsormachine.com</u>	
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Reject <input type="checkbox"/> Other _____			
Customer Signature <u>Terry Kwaps</u>		Date: <u>July 13/11</u>	
Print Name <u>TERRY KWAPS- FORMET</u>		Customer Tracking Number (Optional) _____	