

DAIMLER Chrysler



# Part Submission Warrant

Part Name <u>Hanger</u>		Cust. Part Number <u>E6189AD</u>	
Shown on Drawing No. <u>E6189AD</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>0.204</u>
Checking Aid No. _____		Checking Aid Engineering Change Level _____	
Dated _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping(2009) Ltd: G&amp;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</u>	<u>CANADA</u>	
City	Region	Postal Code	Country
<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>74374417/1</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 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
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>			
<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.	
<b>SUBMISSION RESULTS</b>			
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 (# "NO" Explanation Required)	
Mold / Cavity / Production Process		<u>Head, Bend &amp; Cut</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 / 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>		
<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>Terry Kwapis</u>		Date: <u>July 13/11</u>	
Print Name <u>TERRY KWAPIS - FORMET</u>	Customer Tracking Number (Optional) _____		