



Part Submission Warrant

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|---|---|---|---------------|
| Part Name <u>Hanger Rear Upper</u> | | Cust. Part Number <u>E6223AC</u> | |
| Shown on Drawing No. <u>E6223AC</u> | | Orig Part Number <u>E6223AC</u> | |
| Engineering Change Level <u>AC</u> | | Dated <u>2/8/2005</u> | |
| Additional Engineering Changes _____ Dated _____ | | | |
| Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Purchase Order No. _____ Weight (kg) <u>0.2038</u> | |
| Checking Aid No. _____ | | Checking Aid Engineering Change Level _____ Dated _____ | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>Windsor Machine & Stamping (G & R Cold Forging, Inc.)</u> | | Formel _____ | |
| Organization Name & Supplier/Vendor Code <u>7072 Smith Industrial Drive</u> | | Customer Name / Division <u>Ken Agnew</u> | |
| Street Address <u>McGregor, ONT NOR 1J0 Canada</u> | | Buyer / Buyer Code <u>GMT 900</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>IMDS # 48632874</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 checked="" 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 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>CNC Head / Bend</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 _____ 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: <u>Transferred to another TS location</u> | | | |
| 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>Phil Fairley ac</u> | | Date <u>Dec 22/06</u> | |
| Print Name <u>Phil Fairley</u> | Phone No <u>519-737-7155</u> | FAX No <u>519-737-7102</u> | |
| Title <u>Quality Director</u> | E-mail <u>pfairley@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 <u>[Signature]</u> | | Date: <u>Jan 3 2007</u> | |
| Print Name <u>Bob Zabecky</u> | Customer Tracking Number (Optional) _____ | | |

cc: Barry W