



Part Submission Warrant

Part Name <u>EXHAUST HANGER</u>		Cust. Part Number <u>AAG91156</u>	
Shown on Drawing No. <u>AAG91156</u>		Orig Part Number <u>GM1750-2</u>	
Engineering Change Level <u>Rel</u>		Dated <u>29-Mar-04</u>	
Additional Engineering Changes <u>N/A</u>		Dated <u>N/A</u>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. <u>n/a</u> Weight (kg) <u>0.1264</u>	
Checking Aid No. <u>2524</u> Checking Aid Engineering Change Level <u>Rel</u>		Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (GAR) 607396215</u>		<u>Van-Rob Stamping</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>26655 Northline Road</u>		<u>Amy Gemova</u>	
Street Address		Buyer / Buyer Code	
<u>Taylor, Michigan 48180</u>		<u>GM1750-2</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>IMDS ID# 19738685</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"/> Engineering Change(s)	<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Correction of Discrepancy
<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Change to Optional Construction or Material	<input type="checkbox"/> Supplier or Material Source Change	<input type="checkbox"/> Change in Part Processing
	<input type="checkbox"/> Parts Produced at Additional Location	<input checked="" type="checkbox"/> Other-please specify below	<u>change in FOB Location</u>
REQUESTED SUBMISSION LEVEL(Check one)			
<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.			
SUBMISSION RESULTS			
The results for <input type="checkbox"/> dimensional measurements <input type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all drawing record requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" Explanation Required)			
Mold / Cavity / Production Process <u>CCNC Head / Bernd</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 2200 / 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: <u>change in FOB location from Tilbury Assembly to Pioneer Polymers Inc. (PPI)</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>Ana R Chau</u>		Date: <u>Dec 15/08</u>	
Print Name: <u>Ana Chau</u>	Phone No: <u>519-737-7155 ext 242</u>	FAX No: <u>519-737-7102</u>	
Title: <u>PPAP Co-ordinator</u>	E-mail: <u>achau@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>03/16/09</u>	
Print Name: <u>RODICA KIMAK</u>	Customer Tracking Number (Optional) <u>090316104822</u>		