



Part Submission Warrant

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|---|--|--|--|
| Part Name <u>Exhaust Hanger Upper</u> | | Cust. Part Number <u>Q4062AC</u> | |
| Shown on Drawing No. <u>Q4062AC</u> | | Orig Part Number <u>Q4062AC</u> | |
| Engineering Change Level <u>FEC 3164</u> | | Dated <u>17-Jul-03</u> | |
| Additional Engineering Changes <u>N/A</u> | | Dated <u>N/A</u> | |
| Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Purchase Order No. <u>N/A</u> Weight (kg) <u>0.3174</u> | |
| Checking Aid No. <u>2147</u> Checking Aid Engineering Change Level | | Rel <u> </u> Dated <u>26-Nov-07</u> | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>G & R Cold Forging (Windsor Machine) 687396215</u> | | <u>Presstran Industries</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7072 Smith Industrial Drive</u> | | <u>Barry Curtis</u> | |
| Street Address | | Buyer / Buyer Code | |
| <u>McGregor, Ontario NOR 1J0 Canada</u> | | <u>GMT 800</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 ID# 10752100</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 checked="" type="checkbox"/> Change to Optional Construction or Material Supplier or Material Source Change | | |
| <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Change in Part Processing | | |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional | <input type="checkbox"/> Parts Produced at Additional Location | | |
| <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Other-please specify below | | |
| <input type="checkbox"/> Tooling Inactive > than 1 year | | | |
| 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 <u> </u> / 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>-new supplier of steel</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 A Chau</u> | | Date <u>Nov 26 / 2007</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>Chr Sanka</u> | | Date: <u>12/7/07</u> | |
| Print Name <u>CLAUDE BWANKA</u> | | Customer Tracking Number (Optional) <u> </u> | |