



Part Submission Warrant

Part Name <u>Headrest Assembly</u>		Cust. Part Number <u>350686AC</u>	
Shown on Drawing No. <u>350686AC</u>		Orig Part Number <u>350686AC</u>	
Engineering Change Level <u>"12"</u>		Dated <u>11/12/2003</u>	
Additional Engineering Changes _____ Dated _____			
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>233073</u> Weight (kg) <u>0.7833</u>	
Checking Aid No. <u>2188</u> Checking Aid Engineering Change Level <u>"12"</u>		Dated <u>July 20/07</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (G & R Cold Forging, Inc.)</u>		Lear Corporation	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7072 Smith Industrial Drive</u>		Buyer / Buyer Code	
Street Address		HB 2004	
<u>McGregor, ONT NOR 1J0 Canada</u>		Application	
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>11212718</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 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 checked="" type="checkbox"/> Other-please specify below		
	<u>Customer Moved to New Location</u>		
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 checked="" 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>Wire Form, Broach, Weld</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 2000 / 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>Ana R Chau</u>		Date <u>July 20/07</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7155</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Coordinator</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>Joselias</u>		Date: <u>08/03/07</u>	
Print Name <u>LMO</u>	Customer Tracking Number (Optional) _____		

Attention: Barry W