



# Part Submission Warrant

Part Name <u>2nd Row Head Restraint</u>		Cust. Part Number <u>1535061 (30%)</u>	
Shown on Drawing No. <u>01/28/2008 Rev. 01</u>		Orig Part Number <u>1535061</u>	
Engineering Change Level <u>AA</u>		Dated _____	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.891</u>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____ Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping (G&amp;R Cold Forging Inc)</u>		<u>Johnson Control</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7085 Smith Industrial Drive</u>		<u>Sarah Heikkila</u>	
Street Address		Buyer / Buyer Code	
<u>McGregor, Ontario N0R 1J0 Canada</u>		<u>MY2009 C170 2nd Row</u>	
City Region Postat Code Country		Application	
<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: _____		_____	
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 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 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 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>Wire Forming / Foam Molding</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 280 / 20 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>Capability to meet (initial) quoted volume of 168,000 / year with '3' foam tools only.</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>Michael Vecera</u>		Date <u>6/27/2008</u>	
Print Name <u>Michael Vecera</u>		Phone No <u>519-726-4010</u> FAX No <u>519-726-5368</u>	
Title <u>Program Manager</u>		E-mail <u>mvecera@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>Jennifer Duford</u>		Date: <u>28-5-08</u>	
Print Name <u>Jennifer Duford</u>		Customer Tracking Number (Optional) _____	