



Part Submission Warrant

Part Name <u>1 Row Head Restraint</u> Cust. Part Number <u>AG13-54610A60-AE</u>	
Shown on Drawing No. <u>AG13-54610A60-AE</u> Orig Part Number <u>AG13-54610A60-AE</u>	
Engineering Change Level <u>AE</u> Dated <u>17-Nov-09</u>	
Additional Engineering Changes <u>Armature (BA-Level) / EPP Level (EB-Level)</u> Dated <u>Armature (01/29/2009) / EPP (06/11/2007)</u>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Purchase Order No. _____ Weight (kg) <u>0.7224</u>	
Checking Aid No. _____ Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION	CUSTOMER SUBMITTAL INFORMATION
<u>Windsor Machine & Stamping (2009) Ltd. (G&R #3)</u>	<u>Lear / Ford Motor</u>
Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u>	Customer Name / Division <u>Jerry Nozawald / Duane Herring</u>
Street Address <u>Windsor, Ontario N0R 1J0 Canada</u>	Buyer / Buyer Code <u>D258 / Ford F-Family</u>
City Region Postal Code u	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># 96157733</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 checked="" 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
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>Tube Forming - Foam Molding</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>8</u> 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>[Signature]</u> Date <u>18-Nov-09</u>	
Print Name <u>Jerry Mitri</u> Phone No <u>519-726-4010</u> FAX No <u>519-726-5368</u>	
Title <u>Quality Manager</u> E-mail <u>jmitri@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>11/25/09</u>	
Print Name <u>Phillip R. Allan</u> Customer Tracking Number (Optional) <u>83A</u>	