



Part Submission Warrant

| | | | |
|---|--|---|---|
| Part Name <u>D471 1st Row LTD Vinyl</u> | | D0FD-FE-1TB/5B8-56500-N2 (6A83-74610A60-AH) | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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. _____ Weight (kg) <u>0.91</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code | |
| Street Address | | Application | |
| <u>McGregor, ON</u> | <u>N0R 1J0</u> | <u>Canada</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>80113270, 80113449</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 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 checked="" type="checkbox"/> | Other-please specify below |
| | | | <u>Change in thread color to AGATE</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 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 _____ / _____ 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>11/8/2009</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>imitri@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>Carmen Eremia</u> | | Date: <u>Nov. 30, 2009</u> | |
| Print Name <u>Carmen Eremia</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|---|-------------|
| Part Name <u>D471 1st Row SEL Vinyl</u> | | D0FD-FL-1TB/5B6-56500-N2 (8A83-74610A60-AH) | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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. _____ Weight (kg) <u>0.91</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u> | | Customer Name / Division | |
| Street Address <u>McGregor, ON NOR 1J0 Canada</u> | | Buyer / Buyer Code | |
| 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>79948121, 79948173</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>Change in thread color to AGATE</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 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 _____ / _____ 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>11/6/2009</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>Carmen Fremia</u> | | Date: <u>Nov. 30, 2009</u> | |
| Print Name <u>Carmen Fremia</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|--|---------|
| Part Name <u>D471 2ND Row Center SEL Vinyl</u> | | Cust. Part Number <u>D0FD-FL-1TB/5B8-66501-N2 (8A83 74501B08 BA)</u> | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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>1.086</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code | |
| Street Address | | Application | |
| <u>McGregor, ON</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>79944361, 79945302</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>Change in thread color to AGATE</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 checked="" 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 _____ | | | |
| 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 _____ / 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>PSW from Intier Acuna to follow</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: _____ | | Date <u>3-Nov-09</u> | |
| Print Name <u>Jerry Miti</u> | Phone No <u>519-726-4010</u> | FAX No <u>519-726-5368</u> | |
| Title <u>Quality Manager</u> | E-mail <u>jmiti@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>Carmen Eremia</u> | | Date: <u>Nov. 30, 2009</u> | |
| Print Name <u>Carmen Eremia</u> | | Customer Tracking Number (Optional) _____ | |



Part Submission Warrant

| | | | |
|---|--|--|---------|
| Part Name <u>D471 2ND Row Center LTD Vinyl</u> | | Cust. Part Number <u>D0FD-FE-1TB/5B8-66502-N4 (8A83 74501808 BA)</u> | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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>1.086</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u> | | Customer Name / Division | |
| Street Address <u>McGregor, ON N0R 1J0 Canada</u> | | Buyer / Buyer Code | |
| 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 MDS or other Customer format: | | <u>79945673, 79946267</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>Change in thread color to AGATE</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 checked="" 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 _____ | | | |
| 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 _____ / 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>PSW from Intier Acuna to follow</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>[Signature]</u> | | Date <u>3-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>Carmen Erenia</u> | | Date: <u>Nov.30,2009</u> | |
| Print Name <u>Carmen Erenia</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|--|---------|
| Part Name <u>D471 2ND Row Outboard SEL Vinyl</u> | | Cust. Part Number <u>D0FD-FL-1TB/5B8-66500-N2 (8A83 74501B08 AA)</u> | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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>1.086</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code | |
| Street Address | | Application | |
| <u>McGregor, ON</u> | <u>NOR 1J0</u> | <u>Canada</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>79948121, 79948173</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>change in thread color to Agate</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 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 _____ | | | |
| 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 _____ / 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>PSW from Intier Acuna to follow</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 Signatures: _____ | | Date <u>3-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>lmitri@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>Carmen Gremia</u> | | Date: <u>Nov. 30, 2009</u> | |
| Print Name <u>Carmen Gremia</u> | | Customer Tracking Number (Optional) _____ | |



Part Submission Warrant

| | | | |
|---|--|--|---------|
| Part Name <u>D471 2ND Row Outboard LTD Vinyl</u> | | Cust. Part Number <u>D0FD-FE-1TB/5B8-66500-N2 (8A83 74501B08 AA)</u> | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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>1.086</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code | |
| Street Address | | Application | |
| <u>McGregor, ON</u> | <u>NOR 1J0</u> Canada | | |
| 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>79948281, 79948318</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>change in thread color to Agate</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 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 _____ | | | |
| 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 _____ / 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>PSW from Intier Acuna to follow</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>[Signature]</u> | | Date <u>3-Nov-08</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>Carmen Grema</u> | | Date: <u>Nov. 30, 2009</u> | |
| Print Name <u>Carmen Grema</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|---|---------|
| Part Name <u>D471 3rd Row LTD Vinyl</u> | | D0FD-FE-1TB/5B8-76500-N2 (8A83-74610A60-AH) | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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. _____ Weight (kg) <u>0.91</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code | |
| Street Address | | Application | |
| <u>McGregor, ON</u> | <u>NOR 1J0</u> | <u>Canada</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>79951298, 79951343</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 checked="" type="checkbox"/> Other-please specify below | | |
| | <u>Change in thread color to AGATE</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 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 _____ / _____ 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>11/6/2009</u> | |
| Print Name <u>Jerry Mitri</u> | Phone No <u>519-726-4010</u> | FAX No <u>519-728-5368</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>Carmen Eremia</u> | | Date: <u>NOV. 30, 2009</u> | |
| Print Name <u>Carmen Eremia</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|---|---------|
| Part Name <u>D471 3rd Row SEL Vinyl</u> | | D0FD-FL-1TB/5B8-76500-N2 (8A83-74610A80-AH) | |
| Shown on Drawing No. _____ | | Orig Part Number _____ | |
| Engineering Change Level <u>E-12183408-003</u> | | Dated _____ | |
| 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. _____ Weight (kg) <u>0.91</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>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u> | | Customer Name / Division | |
| Street Address <u>McGregor, ON NOR 1J0 Canada</u> | | Buyer / Buyer Code | |
| 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>79948121, 79948173</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>Change in thread color to AGATE</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 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 / 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>11/6/2009</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>Carmen Eremia</u> | | Date: <u>NOV.30, 2009</u> | |
| Print Name <u>Carmen Eremia</u> | | Customer Tracking Number (Optional) _____ | |