



Part Submission Warrant

Part Name	D 471 2nd Row center SE Cloth	Cust. Part Number	C9FD-FC-1T3/5B8-66501-N3	(8A83 74501B08 BA)
Shown on Drawing No.		Orig Part Number		
Engineering Change Level	N3 PCN #25455	Dated		
Additional Engineering Changes		Dated		
Safety and/or Government Regulation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Purchase Order No.	N/A	Weight (kg)
Checking Aid No.	-	Checking Aid Engineering Change Level	-	Dated
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>		
Windsor Machine & Stamping ( G&R Cold Forging #3 ) 607396215		Intier Automotive		
Organization Name & Supplier/Vendor Code		Customer Name / Division		
7085 Smith Industrial Drive		Buyer / Buyer Code		
Street Address		Application		
Mc Gregor ON	NOR 1J0	Canada		
City	Region	Postal Code	Country	
<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: # 79942942, 79944079				
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>				
<b>REASON FOR SUBMISSION (Check at least one)</b>				
<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	Phase 3 - Change to process Flow - Conveyor		
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>				
<input checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)				
Mold / Cavity / Production Process _____				
<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 / 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: _____ Date _____				
Print Name	Marilyn Clark	Phone No	519-726-4010	FAX No 519-726-5368
Title	Quality Manager	E-mail	mclerk@windsormachine.com	
FOR CUSTOMER USE ONLY ( IF APPLICABLE )				
PPAP Warrant Disposition:	6/10/08 x	Approved	Rejected	Other
Customer Signature	<i>Judy S. Dall</i>			Date: 6-25-08
Print Name	Intier Seating Systems	Customer Tracking Number (Optional)		

CONFIRMATION OF LORD P/N VS INTIER P/N



# Part Submission Warrant

Part Name D 471 2nd Row center SEL Vinyl Cust. Part Number C9FD-FL-1TB/5B8-66501-N2 (8A83 74501B08 BA)

Shown on Drawing No. \_\_\_\_\_ Orig Part Number \_\_\_\_\_

Engineering Change Level N2 - PCN # 25455 Dated \_\_\_\_\_

Additional Engineering Changes \_\_\_\_\_ Dated \_\_\_\_\_

Safety and/or Government Regulation Yes  No  Purchase Order No. N/A Weight (kg) \_\_\_\_\_

Checking Aid No. \_\_\_\_\_ - \_\_\_\_\_ Checking Aid Engineering Change Level \_\_\_\_\_ - \_\_\_\_\_ Dated \_\_\_\_\_

### ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine & Stamping ( G&R Cold Forging #3 ) 607396215

Organization Name & Supplier/Vendor Code

7085 Smith Industrial Drive

Street Address

Mc Gregor ON NOR 1J0 Canada

City Region Postal Code Country

### CUSTOMER SUBMITTAL INFORMATION

Intier Automotive

Customer Name / Division

Buyer / Buyer Code

Application

### MATERIALS REPORTING

Has customer-required Substance of Concern information been reported?  Yes  No  n/a

Submitted by IMDS or other Customer format: # 79944361, 79945302

Are polymeric parts identified with appropriate ISO marking codes? Yes  No

### REASON FOR SUBMISSION (Check at least one)

- Initial Submission
- Engineering Change(s)
- Tooling: Transfer, Replacement, Refurbishment, or Additional
- Correction of Discrepancy
- Tooling Inactive > than 1 year
- Change to Optional Construction or Material
- Supplier or Material Source Change
- Change in Part Processing
- Parts Produced at Additional Location
- Other-please specify below

**Phase 3 - Change to process Flow - Conveyor**

### REQUESTED SUBMISSION LEVEL(Check one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer
- Level 2 - Warrant with product samples and limited supporting data submitted to customer.
- Level 3 - Warrant with product samples and complete supporting data submitted to customer
- Level 4 - Warrant and other requirements as defined by customer.
- Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.

### SUBMISSION RESULTS

The results for  dimensional measurements  material & functional tests  appearance criteria  statistical process package

These results meet all drawing record requirements:  Yes  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 \_\_\_\_\_ / \_\_\_\_\_ 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 Property tagged and numbered?  Yes  No  n/a

Organization Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name Marilyn Clark Phone No 519-726-4010 FAX No 519-726-5368

Title Quality Manager E-mail mclark@windsormachine.com

PPAP Warrant Disposition: 6/10/08 FOR CUSTOMER USE ONLY ( IF APPLICABLE)  
 Approved  Rejected  Other \_\_\_\_\_

Customer Signature Judy J. Dall Date: 6-25-08

Print Name Intier Seating Systems Customer Tracking Number (Optional) \_\_\_\_\_

*CONFIRMATION OF FORD PIN VS. INTIER PIN*



Part Submission Warrant

Part Name	D 471 2nd Row center LTD Vinyl	Cust. Part Number	(C9FD-FE-1TB/5B8-66502-N2)	(8A83 74501B08 BA)
Shown on Drawing No.		Orig Part Number		
Engineering Change Level	N2 PCN # 25455	Dated		
Additional Engineering Changes		Dated		
Safety and/or Government Regulation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Purchase Order No.	N/A	Weight (kg)
Checking Aid No.	-	Checking Aid Engineering Change Level	-	Dated
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>		
Windsor Machine & Stamping ( G&R Cold Forging #3 ) 607396215		Intier Automotive		
Organization Name & Supplier/Vendor Code		Customer Name / Division		
7085 Smith Industrial Drive		Buyer / Buyer Code		
Street Address		Application		
Mc Gregor ON	NOR 1J0	Canada		
City	Region	Postal Code	Country	
<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:		# 79945673, 79946267		
Are polymeric parts identified with appropriate ISO marking codes?		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input checked="" type="checkbox"/>		
<b>REASON FOR SUBMISSION (Check at least one)</b>				
<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	
<b>Phase 3 - Change to process Flow - Conveyor</b>				
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>				
<input checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)				
Mold / Cavity / Production Process				
<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 / 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: _____ Date: _____				
Print Name Marilyn Clark Phone No 519-726-4010 FAX No 519-726-5368				
Title Quality Manager E-mail mclark@windsormachine.com				
FOR CUSTOMER USE ONLY ( IF APPLICABLE)				
PPAP Warrant Disposition: 6/10/08 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____				
Customer Signature <i>Judy S. Roll</i> Date: 6-25-08				
Print Name Intier Seating Systems Customer Tracking Number (Optional)				

CONFIRMATION OF FORD P/N VS. INTIER P/N



Part Submission Warrant

Part Name	D 471 2nd Row Outboard SE Cloth	Cust. Part Number	C9FD-FC-1T3/5B8-66500-N3	(8A83 74501B08 AA)
Shown on Drawing No.		Orig Part Number		
Engineering Change Level	N3 - PCN # 25455	Dated		
Additional Engineering Changes		Dated		
Safety and/or Government Regulation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Purchase Order No.	N/A	Weight (kg) 0.1086
Checking Aid No.	-	Checking Aid Engineering Change Level	-	Dated
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>		
Windsor Machine & Stamping ( G&R Cold Forging #3 ) 607396215		Intier Automotive		
Organization Name & Supplier/Vendor Code		Customer Name / Division		
7085 Smith Industrial Drive		Buyer / Buyer Code		
Street Address		Application		
Mc Gregor ON	NOR 1J0	Canada		
City	Region	Postal Code	Country	
<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 MDS or other Customer format: # 79946562, 79947410				
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input checked="" type="checkbox"/>				
<b>REASON FOR SUBMISSION (Check at least one)</b>				
<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	
Phase 3 - Change to process Flow - Conveyor				
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>				
<input checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" Explanation Required)				
Mold / Cavity / Production Process				
<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 / 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: _____ Date _____				
Print Name Marilyn Clark Phone No 519-726-4010 FAX No 519-726-5368				
Title Quality Manager E-mail mclark@windsormachine.com				
FOR CUSTOMER USE ONLY ( IF APPLICABLE )				
PPAP Warrant Disposition: 6/10/08 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____				
Customer Signature <i>Judy S. Dall</i> Date: 6-25-08				
Print Name Intier Seating Systems Customer Tracking Number (Optional)				

CONFIRMATION OF FORD P/N VS. INTIER P/N



# Part Submission Warrant

Part Name <u>D 471 2nd Row Outboard SEL Vinyl</u>		Cust. Part Number <u>C9FD-FL-1TB/5B8-66500-N2</u>		<u>(8A83 74501B08 AA)</u>	
Shown on Drawing No. _____		Orig Part Number _____			
Engineering Change Level <u>N2 -PCN # 25455</u>		Dated _____			
Additional Engineering Changes _____		Dated _____			
Safety and/or Government Regulation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Purchase Order No. <u>N/A</u>		Weight (kg) _____	
Checking Aid No. <u>-</u>		Checking Aid Engineering Change Level <u>-</u>		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>			<b>CUSTOMER SUBMITTAL INFORMATION</b>		
<u>Windsor Machine &amp; Stamping ( G&amp;R Cold Forging #3 ) 607396215</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>Mc Gregor ON</u>		<u>NOR 1J0</u>		<u>Canada</u>	
City	Region	Postal Code	Country		
<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:				<u># 79948121, 79948173</u>	
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>					
<b>REASON FOR SUBMISSION (Check at least one)</b>					
<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			
<b>Phase 3 - Change to process Flow - Conveyor</b>					
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>					
<input checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)					
Mold / Cavity / Production Process _____					
<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 _____ / _____ 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: _____ Date _____					
Print Name <u>Marilyn Clark</u>		Phone No <u>519-726-4010</u>		FAX No <u>519-726-5368</u>	
Title <u>Quality Manager</u>		E-mail <u>mclark@windsormachine.com</u>			
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE )</b>					
PPAP Warrant Disposition: <u>6/10/08</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____					
Customer Signature <u>[Signature]</u>				Date: <u>6-25-08</u>	
Print Name <u>Intier Seating Systems</u>		Customer Tracking Number (Optional) _____			

*CONFIRMATION OF FORD PIN VS. INTIER PIN*  
*RD.*



# Part Submission Warrant

Part Name <u>D 471 2nd Row Outboard LTD Vinyl</u>		Cust. Part Number <u>C9FD-FE-1TB/5B8-66500-N2</u> <u>(8A83 74501B08 AA)</u>	
Shown on Drawing No. _____		Orig Part Number _____	
Engineering Change Level <u>N2 - PCN # 25455</u>		Dated _____	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Purchase Order No. <u>N/A</u> Weight (kg) _____	
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 #3 )</u> <u>607396215</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>Mc Gregor ON</u>	<u>NOR 1J0</u>	<u>Canada</u>	
City	Region	Postal Code	Country
<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:		<u># 79948281, 79948318</u>	
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input checked="" type="checkbox"/>			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Change to Optional Construction or Material	<input type="checkbox"/> Supplier or Material Source Change
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Change in Part Processing	<input type="checkbox"/> Parts Produced at Additional Location
<input type="checkbox"/> Tooling Inactive > than 1 year		<input checked="" type="checkbox"/> Other-please specify below	<b>Phase 3 - Change to process Flow - Conveyor</b>
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>			
<input checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" Explanation Required)			
Mold / Cavity / Production Process _____			
<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 _____ / _____ 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: _____		Date _____	
Print Name <u>Marilyn Clark</u>	Phone No <u>519-726-4010</u>	FAX No <u>519-726-5368</u>	
Title <u>Quality Manager</u>	E-mail <u>mclark@windsormachine.com</u>		
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE )</b>			
PPAP Warrant Disposition: <u>4/10/08</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>[Signature]</u>		Date: <u>6-25-08</u>	
Print Name <u>Intier Seating Systems</u>		Customer Tracking Number (Optional) _____	

*CONFIRMATION OF FORD PIN VS. INTIER PIN*