



Part Submission Warrant

Part Name <u>D 471 3rd Row SE Cloth</u>		Cust. Part Number <u>C9FD-FC-1T3/5B8-76500-N3</u>		<u>8A83 74501B08 CA</u>	
Shown on Drawing No. _____		Orig Part Number _____			
Engineering Change Level <u>N3 - 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 _____	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping (G&R Cold Forging #3)</u>			<u>Intier Automotive</u>		
<u>607396215</u>			Customer Name / Division _____		
Organization Name & Supplier/Vendor Code			Buyer / Buyer Code _____		
<u>7085 Smith Industrial Drive</u>			Application _____		
Street Address					
<u>Mc Gregor 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># 79949761, 79951029</u>					
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>					
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>Phase 3 - Change to process Flow - Conveyor</u>			
REQUESTED SUBMISSION LEVEL.(Check one)					
<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.					
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 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 _____ / _____ 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>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <u>6/10/08</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____					
Customer Signature <u>Judy L. Dahl</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



Part Submission Warrant

Part Name <u>D 471 3rd Row SEL Vinyl</u>		Cust. Part Number <u>C9FD-FL-1TB/5B8-76500-N2</u>		<u>8A83 74501B08 CA</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 _____	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping (G&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>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># 79951102, 79951243</u>					
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> X					
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	
Phase 3 - Change to process Flow - Conveyor					
REQUESTED SUBMISSION LEVEL(Check one)					
<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.				
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 type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" Explanation Required)					
Mold / Cavity / Production Process _____					
DECLARATION					
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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>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____					
Customer Signature _____ Date: _____					
Print Name <u>Intier Seating Systems</u> Customer Tracking Number (Optional) _____					



Part Submission Warrant

Part Name <u>D 471 3rd Row LTD Vinyl</u>		Cust. Part Number <u>C9FD-FE-1TB/5B8-76500-N2</u>		<u>8A83 74501B08 CA</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 _____	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping (G&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		
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? Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>					
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>Phase 3 - Change to process Flow - Conveyor</u>			
REQUESTED SUBMISSION LEVEL(Check one)					
<input checked="" type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer					
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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 _____					
DECLARATION					
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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>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
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 _____		Intier Seating Systems		Customer Tracking Number (Optional) _____	

CONFIRMATION OF FORD PIN VS - INTIER PIN