



Part Name <u>Armrest Asm</u>		Cust. Part Number <u>D0CW-XXXX-63200</u>	
Shown on Drawing No. <u>D0CW-XXXX-63200</u>		Orig Part Number <u>D0CW-XXXX-63200</u>	
Engineering Change Level <u>4</u>	Dated <u>April 30/2009</u>		
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>1.4378</u>	
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (2009) Ltd. (G)</u>		<u>Magna DT</u>	
Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u>		Customer Name / Division	
Street Address <u>McGregor, ON</u>		Buyer / Buyer Code <u>WK Armrest</u>	
City <u>McGregor, ON</u>	Region <u>N0R 1J0</u>	Postal Code <u>Canada</u>	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>ID# 133751638, 133751428,</u> <u>133751341, 133727209, 133726186</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 Supplier or Material Source Change		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Other-please specify below		
<input type="checkbox"/> Tooling Inactive > than 1 year			
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		<u>Weld / Foam / Trim</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 / 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: _____			
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>12-Aug-10</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>Ron McDonnell</u>		Date:	<u>12-Aug</u>
Print Name <u>Ron McDonnell</u>	Customer Tracking Number (Optional) _____		