



Phase and submission type
 Phase 1 Phase 2 Phase 3 Interim (Non-PPAP)

PPAP Submission Warrant

PART INFORMATION

Part Name PAD & FR ASY RR ST HD RES FORD Part Number DU5A-96501B08-AA
 Shown on Drawing Number DU5A-96501B08-AA Organization Part Number JCI Part no. 2440366
 Engineering Change Level D AB00 E12389101 315 Dated 4-Jun-12
 Additional Engineering Changes N/A Dated N/A
 Safety and/or Government Regulation Yes No Purchase Order No. XJ2IMN Weight (kg) 0.4113
 Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine & Stamping (2009) Ltd EPK3B
 Organization Name and Supplier/vendor Code
 7085 Smith Industrial Drive
 Street Address
Amherstburg Ontario N0R 1J0 Canada
 City Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

JCI / FORD
 Customer Name/Division
Marisa Pappalardo
 Buyer/Buyer Code
P415 Program
 Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No

Submitted by IMDS or other customer format: ID# 302187875

If submitted by IMDS, enter Module ID number, version and date transmitted ID# 302187875 / 1 transmitted Aug 8/2012

Are polymeric parts identified with appropriate ISO marking codes? Yes No 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 type="checkbox"/> Other - please specify below |

REQUESTED SUBMISSION LEVEL (Select 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 supplier's manufacturing location.

SUBMISSION RESULTS

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

These results meet all design requirements Yes No (If "No" - Explanation Required)

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 2640/24 hours using 1 production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS 11 foam molds on Tool Order no. TA00535
Service Part no. DU5Z 18611A08 A

Organization Authorized Signature [Signature] Print Name Simon Cheng Date 1-Oct-12
 Title Quality Manager Phone No. 519-726-4010 Fax: 516-726-5368 Email scheng@windsormachine.com

Is each Customer Tool properly tagged and numbered? Yes No n/a

Capacity Requirements

Source of the Program Approval requirements CPA (Commercial and Program Agreement) Detail / Date 8-Aug-12
 Program Approval (<PA>) Requirements APW 11802 MPW 13572
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met Date _____

Source of the revised requirements after <PA> Other (specify in detail at right) Detail / Date Cap Study # 2412
 Revised requirements after <PA> APW 12339 MPW 13763
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date _____

Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW 13200 MPW 15840 Date 24-Aug-12

FOR FORD USE ONLY	
PPAP	Non-PPAP ^{a/}
Phased PPAP Warrant Status: <input checked="" type="radio"/> Approved	<input type="radio"/> Rejected <input type="radio"/> Interim Accepted
Signature STA: <u>[Signature]</u> Name: <u>[Name]</u>	Signature: <u>[Signature]</u> Name: <u>[Name]</u>
Date: <u>8-7-12</u>	Date: _____
P.D. Signature ^{b/} : _____	Name: _____
Date: _____	e-mail: _____

Interim Status
 (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) _____