



Part Submission Warrant

Part Name ASM 3rd Row Headrest/ Vnly Cust. Part Number L0020751 AF 05 - IT3,4T1,5B8, 6H6
 Shown on Drawing No. L0020751AF Orig Part Number L0020751
 Engineering Change Level 16 Dated 16-Jun-06
 Additional Engineering Changes _____ Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. _____ Weight (kg) _____
 Checking Aid No. _____ Checking Aid Engineering Change Level _____ Dated 16-Jun-06

ORGANIZATION MANUFACTURING INFORMATION

CUSTOMER SUBMITTAL INFORMATION

Windsor Machine & Stamping 607396216
 Organization Name & Supplier/Vendor Code
26655 Northline Road
 Street Address
Taylor, Michigan 48180
 City Region Postal Code Country

Lear Louisville
 Customer Name / Division
 Buyer / Buyer Code
U251 2006 Explorer 7 Passenger
 Application

MATERIALS REPORTING

Has customer-required Substance of Concern information been reported? Yes No n/a
 Submitted by IMDS or other Customer format: IMDS# 68771531, 68627460, 68628701, 68696058
 Are polymeric parts identified with appropriate ISO marking codes? Yes No n/a

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
Yearly Submission

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: Re Submission

Is each Customer Tool Properly tagged and numbered? Yes No n/a
 Organization Authorized Signature: M. Clark Date 7/30/08
 Print Name Marilyn Clark Phone No 519-726-4010 FAX No _____
 Title Quality Manager E-mail mclark@windsormachine.com

FOR CUSTOMER USE ONLY (IF APPLICABLE)

PPAP Warrant Disposition: Approved Rejected Other _____
 Customer Signature Gray W. Young Date: 1 Aug 08
 Print Name Gray W. Young Customer Tracking Number (Optional) _____