



Part Submission Warrant

Part Name	<u>Hanger - Exhaust</u>	Cust. Part Number	<u>3660-1</u>
Shown on Drawing No.	<u>PLM_3660-1</u>	Orig Part Number	<u>3360-1</u>
Engineering Change Level	<u>5</u>	Dated	<u>10/31/2009</u>
Additional Engineering Changes	_____ Dated _____		
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No.	<u>PO16026</u> Weight (kg) <u>0.702</u>
Checking Aid No.	<u>13503</u>	Checking Aid Engineering Change Level	<u>1.2</u> Dated <u>9/22/2009</u>
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping</u> <u>607396215</u>		Flexible Products	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>26655 Northline Road</u>		<u>Ray Hockstad</u>	
Street Address		Buyer / Buyer Code	
<u>Taylor, Michigan 48180</u>		<u>2010</u>	
City	Region	Postal Code	Country
_____	_____	_____	_____
MATERIALS REPORTING		Application	
Has customer-required Substance of Concern information been reported?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Submitted by IMDS or other Customer format:		<u>Flexible Products is Responsible for IMDS</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
<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(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 type="checkbox"/> appearance criteria <input 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>Upset, Coin, Pierce, Bend</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 250 / 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: <u>Beth Muse</u>		Date <u>11/3/2009</u>	
Print Name <u>Beth Muse</u>	Phone No <u>734-941-7320</u>	FAX No <u>734-941-6208</u>	
Title <u>Quality Manger</u>	E-mail <u>bmuse@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>[Signature]</u>		Date: <u>11-10-09</u>	
Print Name <u>DAVID DESLIE</u>	Customer Tracking Number (Optional) _____		