



Part Submission Warrant

Part Name <u>Pipe, Reclining Connecting</u>		Cust. Part Number	<u>TT8222</u>	
Shown on Drawing No. <u>TT8222</u>		Orig Part Number	<u>TT8222</u>	
Engineering Change Level	<u>AB</u>	<u>Ch# 26167</u>	Dated	<u>3-Jul-08</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.	<u>20424</u>	Weight (kg) <u>0.181</u>
Checking Aid No.	<u>13696</u>	Checking Aid Engineering Change Level	<u>AB</u>	Dated <u>8-Aug-08</u>
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION		
<u>Windsor Machine & Stamping</u> <u>607396215</u>		<u>Slide-Master (div of Intier Automotive Inc.)</u>		
Organization Name & Supplier/Vendor Code		Customer Name / Division		
<u>28655 Northline Road</u>		<u>Henley Yuan</u>		
Street Address		Buyer / Buyer Code		
<u>Taylor, Michigan 48180</u>		<u>Toyota 580L</u>		
City	Region	Postal Code	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>IMDS ID# 91833889</u>				
Are polymeric parts identified with appropriate ISD 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 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 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>Chamfer/Crimp</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 300 / 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 Property tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a				
Organization Authorized Signature: <u>Ana B Chau</u>		Date: <u>Sept 17, 2008</u>		
Print Name	<u>Ana Chau</u>	Phone No	<u>519-737-7155 ext 242</u>	FAX No <u>519-737-7102</u>
Title	<u>PPAP Co-ordinator</u>	E-mail	<u>achau@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>9/17/08</u>		
Print Name: <u>Rick Bector</u>		Customer Tracking Number (Optional) _____		