



Part Name <u>Headrest Frame</u>		Cust. Part Number <u>879166-AB</u>	
Shown on Drawing No. <u>879166-AB</u>		Orig Part Number <u>879166-AB</u>	
Engineering Change Level <u>4</u>	Dated <u>23-Oct-03</u>		
Additional Engineering Changes <u>N/A</u>	Dated <u>N/A</u>		
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. <u>233073</u>	Weight (kg) <u>0.5254</u>	
Checking Aid No. <u>2084</u>	Checking Aid Engineering Change Level <u>4</u>	Dated <u>24-Jul-06</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping (Pellus) 607396215		Lear Corporation	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
7045 Industrial Drive		Buyer / Buyer Code	
Street Address		HB Seat Frt and Rear - 2004	
Comber NOP 1JD Canada		Application	
City	Region	Postal Code	Country
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 IIMDS or other Customer format:		ID # <u>18117217</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 Changes	<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 checked="" type="checkbox"/> Other-please specify below	<u>Shipping to Loma Verdes - Mexico</u>	
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>Form Machine</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 4000 / 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 R Chau</u>		Date <u>July 19/07</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>Jasekies</u>		Date: <u>08/09/07</u>	
Print Name <u>LMO</u>	Customer Tracking Number (Optional)		

Attention: Jerry M, Adam