



Part Submission Warrant

Part Name <u>Mustang Headrest Frame</u>		Cust. Part Number <u>L0008112AD-03</u>	
Shown on Drawing No. <u>L0008112AD-02</u>		Orig Part Number <u>L0008112AB-01</u>	
Engineering Change Level <u>n/a</u>		Dated <u>Jan 11/06</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>233256</u> Weight (kg) <u>0.5554</u>	
Checking Aid No. <u>2498</u> Checking Aid Engineering Change Level <u>11</u>		Dated <u>Jan 11/06</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (Pellus) 607396215</u>		<u>Lear Corporation</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7045 Industrial Drive</u>		<u>Brian Vandenbегhe SM04</u>	
Street Address		Buyer / Buyer Code	
<u>Comber, Ont. NOR 1L0 Canada</u>		<u>S197 Mustang Seats</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# 42158828</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>Wire forming</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 2000 / 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>Ana R Chau</u>		Date <u>July 23, 2007</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>a Chau@windsonmachine.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>Joseluis</u>		Date: <u>08/09/07</u>	
Print Name <u>LMO</u>		Customer Tracking Number (Optional)	

Attention: Jerry M, Adam