

Part Name <u>Post - Headrest, OB, Export</u> Cust. Part Number <u>L0033724AA001</u>	
Shown on Drawing No. <u>L0033724</u> Orig Part Number <u>ADV01018</u>	
Engineering Change Level <u>001</u> Dated <u>19-Feb-04</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>233073</u> Weight (kg) <u>0.3893</u>	
Checking Aid No. _____ Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION	CUSTOMER SUBMITTAL INFORMATION
<u>Windsor Machine & Stamping</u> <u>607396215</u>	<u>Lear</u>
Organization Name & Supplier/Vendor Code	Customer Name / Division
<u>26655 Northline Road</u>	Buyer / Buyer Code
Street Address	Application
<u>Taylor, Michigan 48180</u>	
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 IMDS or other Customer format: <u>IMDS ID# 91841814</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 checked="" 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 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>Forming 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 <u>1</u> / 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 A Chau</u>	Date: <u>Aug 15, 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>Jose Ros</u>	Date: <u>08/26/08</u>
Print Name <u>LMO</u> Customer Tracking Number (Optional) _____	