



Part Submission Warrant

Part Name <u>Bracket Assembly Center Muffler</u>		Cust. Part Number <u>11.23.251.80.1.90</u>	
Shown on Drawing No. <u>11.23.251.80.1.90</u>		Orig Part Number <u>11.23.251.80.1.80</u>	
Engineering Change Level <u>C</u>		Dated <u>Mar 24/04</u>	
Additional Engineering Changes <u>n/a</u>		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>n/a</u> Weight (kg) <u>0.13154</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>Eberspacher</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>26855 Northline Road</u>		<u>Nate Wells</u>	
Street Address		Buyer / Buyer Code	
<u>Taylor, Michigan 48180</u>		<u>M Class</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		IMDS ID# <u>58772495</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 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 checked="" type="checkbox"/> Other-please specify below		
	<u>Material cert and TS16949 Cert.</u>		
REQUESTED SUBMISSION LEVEL (Check one)			
<input checked="" 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 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		Form _____	
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 1200 / 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 Chau</u>		Date: <u>Dec 12/06</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>Erik Siebertz</u>		Date: <u>12/12/06</u>	
Print Name <u>ERIK Siebertz</u>	Customer Tracking Number (Optional) _____		

cc: Barry Conway