



Part Submission Warrant

Part Name <u>Assembly Bracket Centre Muffler</u>		Cust. Part Number <u>11.23.251.84.1.90OA</u>	
Shown on Drawing No. <u>11.23.251.84.1.90</u>		Orig Part Number <u>11.23.251.80.1.90</u>	
Engineering Change Level <u>OA</u>		Dated <u>21-Feb-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>5100703</u> Weight (kg) <u>0.242 kg</u>	
Checking Aid No. <u>3639 a cert</u> Checking Aid Engineering Change Level <u>OA</u>		Dated <u>21-Apr-08</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping <u>(Tilbury A)</u> 607396215		Ebersapacher NA Brighton	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
26655 Northline Road		Buyer / Buyer Code	
Street Address		Application	
Taylor, Michigan 48100			
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 IKMS or other Customer format:		<u>IMDS ID# 83687446</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 checked="" 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 > 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 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 / Bend / Weld</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 / 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>April 21/08</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		Other _____	
Customer Signature <u>Dante Costanza</u>		Date: <u>5-19-08</u>	
Print Name <u>DANTE COSTANZA</u>		Customer Tracking Number (Optional) _____	

cc A Labutte, J Wakulchick