



Part Submission Warrant

Part Name EXHAUST HANGER		Cust Part Number 21998220 (GM1776-7)	
Shown on Drawing No. 21998220 (GM1776-7)		Orig Part Number 21998220 (GM1776-7)	
Engineering Change Level 4	Dated 18-Nov-04		
Additional Engineering Changes N/A		Dated N/A	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. n/a	Weight (kg) 0.1046
Checking Aid No. 2785		Checking Aid Engineering Change Level 4	Dated 18-Nov-06
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
Windsor Machine & Stamping 607396215		Van-Rob Stamping	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
28855 Northline Road		Dicky Chiu	
Street Address		Buyer / Buyer Code	
Taylor, Michigan 48180		GMX 020	
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:		30768892	
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 checked="" type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Tooling inactive > than 1 year	<input type="checkbox"/> Other-please specify below		
		<u>Production at new location</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 type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all drawing record requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" Explanation Required)			
Mold / Cavity / Production Process _____			
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 1600 / 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: no change to process, tools, or parts transfer from Wayne Mfg to Tilbury Assembly, one TS16949 location to another			
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><i>Ara Chau</i></u>		Date: <u><i>May 18/07</i></u>	
Print Name Ara Chau	Phone No 519-737-7165 ext 242	FAX No 519-737-7102	
Title PPAP Co-ordinator	E-mail achau@windsormachine.com		
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><i>Waseem</i></u>		Date: <u><i>May 18, 2007</i></u>	
Print Name <u><i>WASEEM AHMED</i></u>		Customer Tracking Number (Optional) _____	