



Part Name <u>Adjuster Assy Child Booster Seat Cushion</u>		Cust Part Number <u>C8AM-57000-M1</u>	
Shown on Drawing No <u>C8AM-57000</u>		Orig Part Number <u>C8AM-57000-M1</u>	
Engineering Change Level <u>Release (27619)</u>		Dated <u>27-Apr-09</u>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No _____ Weight (kg) <u>1.4910</u>	
Checking Aid No _____		Checking Aid Engineering Change Level _____ Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>Windsor Machine Stamping</b>		<b>MAGNA Marque International Inc.</b>	
Organization Name & Supplier/Vendor Code <u>5725 Outer Drive</u>		Customer Name / Division <u>Randy Evenden</u>	
Street Address <u>Windsor Ontario</u>		Buyer / Buyer Code <u>Child Booster Seat Cushion</u>	
<u>N9A 6J3</u>	<u>Canada</u>	Application	
City	Region	Postal Code	Country
<b>MATERIALS REPORTING</b>			
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>116451133</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<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
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>			
<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		
<b>SUBMISSION RESULTS</b>			
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>Assembly Child Seat Cushion</u>	
<b>DECLARATION</b>			
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>112 / 8</u> 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: _____		Date <u>September 14th, 2009</u>	
Print Name <u>Arturo Sanchez</u>	Phone No <u>+52 (844) 413-7935 / 7975</u>	FAX No _____	
Title <u>Quality Manager</u>	E-mail <u>asanchez@windsormachine.com</u>		
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE)</b>			
PPAP Warrant Disposition <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature _____		Date: <u>10/12/09</u>	
Print Name <u>Solvia Pena</u>	Customer Tracking Number (Optional) _____		