



Part Submission Warrant

| | | | |
|--|--|---|-------------|
| Part Name <u>Post- Left Lock</u> | | Cust. Part Number <u>2215143_PIA02</u> | |
| Shown on Drawing No. <u>2215143_PIA02</u> | | Orig Part Number <u>2215143_PIA02</u> | |
| Engineering Change Level <u>"1"</u> | Dated <u>5/24/2011</u> | | |
| Additional Engineering Changes <u>N/A</u> | Dated <u>N/A</u> | | |
| Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Purchase Order No. _____ | Weight (kg) <u>0.1955 kg</u> | |
| Checking Aid No. <u>13077</u> | Checking Aid Engineering Change Level <u>1.1</u> | Dated <u>4/11/2006</u> | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>Windsor Machine & Stamping (U.S) Ltd</u> | | <u>Windsor De Mexico</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>26655 Northline Road</u> | | <u>Arturo Sanchez</u> | |
| Street Address | | Buyer / Buyer Code | |
| <u>Taylor, Michigan 48180</u> | | <u>U222</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 IVDS or other Customer format | | <u>IMDS # 1640206431</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 of 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 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 | | | |
| 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>Draw, Straighten, Cut Broach Chamfer, Coin, Trim</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 1760 / 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>Beth Muse</u> | | Date <u>6/22/2011</u> | |
| Print Name <u>Beth Muse</u> | Phone No <u>734-941-7329</u> | FAX No <u>734-941-6208</u> | |
| Title <u>Quality Manager</u> | E-mail <u>bmuse@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>[Signature]</u> | | Date <u>JUNE 30th 2011</u> | |
| Print Name <u>[Signature]</u> | Customer Tracking Number (Optional) <u>N/A</u> | | |