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| Part Name <u>Brkt & Ins Asy Conv Supt</u> | | Cust. Part Number <u>7C34-5291-GB</u> | |
| Shown on Drawing No. <u>7C34-5291-GB</u> | | Orig Part Number <u>7C34-5291-GA</u> | |
| Engineering Change Level <u>A2</u> | | Dated <u>18-Apr-07</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>1.139</u> | |
| Checking Aid No. <u>13176</u> | | Checking Aid Engineering Change Level <u>A2</u> Dated <u>15-Feb-06</u> | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>Windsor Machine & Stamping</u> <u>607398215</u> | | <u>Flexible Ford</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>26655 Northline Road</u> | | <u>Kenneth Heavner</u> | |
| Street Address | | Buyer / Buyer Code | |
| <u>Taylor, Michigan 48180</u> | | Application | |
| City Region Postal Code Country | | | |
| MATERIALS REPORTING | | | |
| Has customer-required Substance of Concern information been reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a | | | |
| Submitted by IMDS or other Customer format: | | <u>reporting to be done by Flexible</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 > 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 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 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 _____ | | | |
| 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 2000 / 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: <u>** replaced bolt (W709761-S) and added stamping note</u> | | | |
| 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>June 1, 2007</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>Mary Russell</u> | | Date: <u>6/13/07</u> | |
| Print Name <u>MARY RUSSELL</u> | | Customer Tracking Number (Optional) _____ | |