



# Part Submission Warrant

Part Name	<u>Slave Side H/R Tube</u>	Cust. Part Number	<u>90316-01</u>
Shown on Drawing No.	<u>90316-01</u>	Orig Part Number	<u>90316-01</u>
Engineering Change Level	<u>1</u>	Dated	<u>10/26/2011</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)	_____	Checking Aid No.	<u>14342</u>
Checking Aid Engineering Change Level	<u>1.0</u>	Dated	<u>9/19/2011</u>

**ORGANIZATION MANUFACTURING INFORMATION**

**CUSTOMER SUBMITTAL INFORMATION**

Windsor Machine & Stamping (U.S) Ltd  
 Organization Name & Supplier/Vendor Code  
26655 Northline Road  
 Street Address  
Taylor, Michigan 48180  
 City Region Postal Code Country

Windsor Machine & Stamping (U.S) Ltd  
 Customer Name / Division  
Matt Kelley  
 Buyer / Buyer Code  
Ford Headrest  
 Application

**MATERIALS REPORTING**

Has customer-required Substance of Concern information been reported?  Yes  No  n/a

Submitted by IMDS or other Customer format: \_\_\_\_\_

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

**REASON FOR SUBMISSION (Check at least one)**

- |   |  |
|---|--|
| <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                  |

**REQUESTED SUBMISSION LEVEL(Check one)**

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer
- Level 2 - Warrant with product samples and limited supporting data submitted to customer.
- Level 3 - Warrant with product samples and complete supporting data submitted to customer
- Level 4 - Warrant and other requirements as defined by customer.
- Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material & functional tests  appearance criteria  statistical process package

These results meet all drawing record requirements:  Yes  No (if "NO" Explanation Required)

Mold / Cavity / Production Process Form, Broach, Chamfer, Weld

**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 1000 / 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?  Yes  No  n/a

Organization Authorized Signature: Beth Muse Date 1/30/2012

Print Name Beth Muse Phone No 734-941-7320 FAX No 734-941-6208

Title Quality Manager E-mail bmuse@windsormachine.com

**FOR CUSTOMER USE ONLY ( IF APPLICABLE)**

PPAP Warrant Disposition:  Approved  Rejected  Other \_\_\_\_\_

Customer Signature Matt Kelley Date: 2/1/12

Print Name Matt Kelley Customer Tracking Number (Optional) \_\_\_\_\_



# Part Submission Warrant

Part Name	Lock Tube ASM	Cust. Part Number	90316-01-ASM
Shown on Drawing No.	90316-01-ASM	Orig Part Number	90316-01-ASM
Engineering Change Level	REL	Dated	10/26/2011
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.	Weight (kg)
Checking Aid No.	14301	Checking Aid Engineering Change Level	1.0 Dated 8/26/2011
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
Windsor Machine & Stamping (U.S) Ltd		Windsor Machine & Stamping (U.S) Ltd	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
26655 Northline Road		Matt Kelley	
Street Address		Buyer / Buyer Code	
Taylor, Michigan 48180		Ford Headrest	
City	Region	Postal Code	Country
			Application
<b>MATERIALS REPORTING</b>			
Has customer-required Substance of Concern information been reported?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Submitted by IMDS or other Customer format:		_____	
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		Form, Broach Chamfer, Weld	
<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 1000 / 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>1/30/2012</u>	
Print Name <u>Beth Muse</u>	Phone No <u>734-941-7320</u>	FAX No <u>734-941-6208</u>	
Title <u>Quality Manager</u>	E-mail <u>bmuse@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 <u>Matt Kelley</u>		Date: <u>2/1/12</u>	
Print Name <u>Matt Kelley</u>	Customer Tracking Number (Optional) _____		