



Phase and submission type
 Phase 1 Phase 2 Phase 3 Interim (Non-PPAP)

PPAP Submission Warrant

PART INFORMATION

Part Name D385 4- WAY H/R ASM Cust. Part Number CA5A-96B11E24-AC
 Shown on Drawing Number CA5A-96B11E24-A Organization Part Number CA5A-96B11E24-AC
 Engineering Change Level 3 Dated 19-Mar-12
 Additional Engineering Changes AB00 E 12015686-358 Dated 19-Mar-12
 Safety and/or Government Regulation Yes No Purchase Order No. _____ Weight (kg) 1.0356
 Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

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

CUSTOMER SUBMITTAL INFORMATION

Lear Hammond
 Customer Name/Division
 Mike Jefferson
 Buyer/Buyer Code
 D385 Headrest
 Application

MATERIALS REPORTING

Has customer-requested Substances of Concern information been reported? Yes No

Submitted by IMDS or other customer format: _____

If submitted by IMDS, enter Module ID number, version and date transmitted 182147903 / 0.01

Are polymeric parts identified with appropriate ISO marking codes? Yes No 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 type="checkbox"/> Parts produced at Additional Location
<input type="checkbox"/> Tooling Inactive > than 1 year	<input checked="" type="checkbox"/> Other - please specify below

REQUESTED SUBMISSION LEVEL (Select one)

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

Remove of the shim from the EPP on the parts.

SUBMISSION RESULTS

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

These results meet all design requirements Yes No (If "No" - Explanation Required)

Mold / Cavity / Production Process(es) _____

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 2400 / 16 hours using 1 production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature Beth Muse Print Name Beth Muse Date 2-Apr-12
 Title Quality Manager Phone No. 734-941-7320 Fax: 734-941-6206 Email bmuse@windsormachine.com

Is each Customer Tool properly tagged and numbered? Yes No n/a

Capacity Requirements

Source of the Program Approval requirements _____ Detail / Date _____
 Program Approval (<PA>) Requirements _____ MPW _____
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met _____ Date _____

Source of the revised requirements after <PA> _____ Detail / Date _____
 Revised requirements after <PA> _____ MPW _____
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met _____ Date _____

Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPW) as Purchased Part Capacity)

Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date _____ APW _____ MPW _____ Date _____

FOR FORD USE ONLY

PPAP Non-PPAP

Phased PPAP Warrant Status: Approved Rejected Interim Accepted

STA Signature	Name
Date	e-mail
P.I.D. Signature	Name
Date	e-mail

If Non-PPAP indicates the part does not satisfy or meet PPAP requirements and a rework is required. If P.D. signature is the only signature on GPC's program.

Interim Status
 (to be completed by the Organization)

Engineering Authorization Alert of Alert Report

Description: (Incomplete PPAP Requirements) _____