



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

PPAP Submission Warrant

PART INFORMATION

Part Name HD RES ASY RR ST SD Cust. Part Number DU5A-S50108-AEW
 Shown on Drawing Number DU5A-S50108-AEW Organization Part Number 2443057
 Engineering Change Level D3 Dated 15-Aug-12
 Additional Engineering Changes AB00-E-12548299-001 / 12579035-000 Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. 55050597 Weight (kg) 0.9652
 Checking Aid Number 14331 Checking Aid Engineering Change Level 1.0 Dated 9-Sep-11

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

JCI
 Customer Name/Division
Marissa Pappalardo
 Buyer/Buyer Code
2013 Ford F150
 Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No
 Submitted by IMDS or other customer format: IMDS
 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 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 (Select 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 supplier's manufacturing location.

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) 7 Foam Molds, Mechanism Assy, Rivet Assy, Plastic Cover Assy, Cycle Test

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 2000 / 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 Brad Pine Print Name Brad Pine Date 21-Feb-13
 Title Quality Manager Phone No. 734-941-7320 Fax: 734-941-6208 Email bpine@windsormachine.com

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

Capacity Requirements

Source of the Program Approval requirements Other (specify in detail at right) Detail / Date 25-Jul-12
 Program Approval (<PA>) Requirements APW 22830 MPW 25456 Date _____
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met _____
 Source of the revised requirements after <PA> _____ Detail / Date _____
 Revised requirements after <PA> APW _____ MPW _____ Date _____
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met _____
 Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) 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 ^{a/}	
Phased PPAP Warrant Status: <input checked="" type="radio"/> Approved		<input type="radio"/> Rejected <input type="radio"/> Interim Accepted	
STA Signature <u>[Signature]</u>	Name <u>Stanley Singer III</u>		
Date <u>25-Feb-13</u>	e-mail <u>ssinger1@ford.com</u>		
P.D. Signature <u>[Signature]</u>	Name _____		
Date _____	e-mail _____		

^{a/} Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete
^{b/} P.D. signature for Priority suppliers on GPDS programs

Interim Status
 (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) _____



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

PPAP Submission Warrant

PART INFORMATION

Part Name HD RES ASY RR ST SD Cust. Part Number DU5A-S50109-AEW
 Shown on Drawing Number DU5A-S50109-AEW Organization Part Number 2443058
 Engineering Change Level D3 Dated 15-Aug-12
 Additional Engineering Changes AB00-E-12548299-001 / 12579035-000 Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. 55050597 Weight (kg) 0.9598
 Checking Aid Number 14331 Checking Aid Engineering Change Level 1.0 Dated 9-Sep-11

ORGANIZATION MANUFACTURING INFORMATION

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| <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 |
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Revised requirements after <PA> APW _____ MPW _____

If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date _____

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Interim Status

(to be completed by the Organization)

Engineering _____
 Authorization Alert or Alert Report

Description: _____
 (Incomplete PPAP Requirements)

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Date _____	e-mail _____

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