



## Part Submission Warrant N°

AQ/OG-DEL/097/E

Appendix of  
AQ/PO-DEL/201-11

Part Name: <u>CVNS PPMS BKGR 12 CTN MR FRD</u>		Cust. Part Number: <u>63923NS</u>	
Shown on Drawing No.: <u>CV/CVNS PPMS SOFORD GENERIC</u>		Org. Part Number <u>63923;Generic: 62027</u>	
Engineering Change Level <u>C</u>		Dated <u>11/23/2023</u>	
Additional Engineering Changes <u>NA</u>		Dated <u>NA</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>NA</u>	Weight (kg) <u>18.4 G/MTR</u>
Checking Aid No. <u>NA</u>		Checking Aid Engineering Change Level <u>NA</u>	Dated: <u>NA</u>
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>DELFINGEN RO-TRANSILVANIA</u> <u>DUNS : 68-117-3071</u>		<u>Nursan</u>	
Organization Name & Supplier/Vendor Code		Customer Name/Division:	
<u>Calea Aurel Vlaicu; Nr. 297/A</u>			
Street Address		Buyer/Buyer Code	
<u>Arad</u>	<u>Arad</u> <u>310375</u> <u>Romania</u>	<u>Automotive</u>	
City	Region Postal Code Country	Application	
<b>MATERIALS REPORTING</b>			
Has customer-required Substances 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:		<u>141379861 / 7</u>	
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 the 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 result for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all design record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO (If "NO" - Explanation required)			
Mold / Cavity / Production Process: <u>Extrusion</u>			
<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 1200 MTR/ 1 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: THIS PPAP IS CONSIDERED APPROVED WITHOUT CUSTOMER FEEDBACK WITHIN 30 DAYS OF SUBMISSION			
Is each Customer Tool properly tagged and numbered?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Organization Authorized Signature <u>Faur</u>		Date <u>08.04.2025</u>	
Print Name <u>Faur Nicoleta</u>		Phone No. <u></u> FAX No. <u></u>	
Title <u>Quality Engineer</u>		E-mail <u>quality-ro-ar@delfingen.com</u>	
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other <u></u>			
Customer Signature <u></u>		Date <u></u>	
Print Name <u></u>		Customer Tracking Number (optional) <u></u>	