

Part Submission Warrant

Part Name		ASM CONN 16 F OCS 1.5 BLK SL	D Cust. Part Number	15514473	
<u>-</u>		15514489	Org. Part Number	15514473	
_		17 (Drawing Rev)	Dated	11AP22	
<u> </u>		NA	Dated	NA	
Safety and/or Government Reg	gulation	Yes X No Purchase	Order No. NA	Weight (kg) 0.0196 k	ιg
Checking Aid No.	NA	Checking Aid Engineering Change Level	NA	Dated NA	
ORGANIZATION MANUFACT	URING INFORMATION	I	CUSTOMER SUBM	ITTAL INFORMATION	
Aptiv Plant MEXICO 98 / 8		TTI for: Nursan	Otomotiv EOOD	On a A	
Organization Name & Supplier		Customer Name/Div	Customer Name/Division		
PIEDRAS NEGRAS KM 8.	CARRETERA SALTILLO	NA / NA		A Williams	
Street Address			Buyer/Buyer Code		000700
RAMOS ARIZPE	COAH	25900 MEXICO	MULTIPLE		4 2 000
City	Region	Postal Code Country	Application		- in Grane
MATERIALS REPORTING					The The
Has customer-required Substa	nces of Concern inform	ation been reported?	X Yes No	n/a	
		Submitted by IMDS or other custom		L-1	07.11.2022
Cas			MDS ID: 480143285 / 25		0
			WDO 1D, 400 140	5200 / 20	
Are polymeric parts identified v	with appropriate ISO ma	rking codes?	Yes No	X n/a	
REASON FOR SUBMISSION		iking codes:	1es140	<u> </u>	
Initial Submission		Change to Option	Change to Optional Construction or Material		
Engineering Change(s)			Supplier or Material Source Change		
Tooling: Transfer, Replace	additional		Change in Part Processing		
Correction of Discrepancy			Parts Produced at Additional Location		
Tooling Inactive > than 1 Y	'ear		X Other - Please S		
REQUESTED SUBMISSION I	EVEL (Cheek ene)		CUSTOMER	REQUEST	
		ance items, an Appearance approval report	t) submitted to customer		
		d supporting data submitted to customer	t) submitted to editionier		
		lete supporting data submitted to customer			
Level 4 - Warrant and other	•				
Level 5 - Warrant with prod	duct samples and comp	lete supporting data reviewed at supplier's r	manufacturing location		
SUBMISSION RESULTS					
The results for X dimensional measurements		X material and functional tests	appearance criteria	pearance criteria X statistical process package	
These results meet all design record requirements:			X Yes	No (if "NO" - Explanation Required)	
Mold/cavity/Production Proces	ss	MACHFLEX CA A 0016			
DECLARATION		·			
· · ·	•	are representative of our parts, which were r		all	
		Requirements. I further affirm that these sa			
production rate of <u>9600/8</u> ho I have noted any deviations fro		ocumented evidence of such compliance is	on file and available for review	•	
EXPLANATION / COMMENTS		w.			
	-				
Is each Customer Tool properl	ly tagged and numbered		Yes	No	X n/a
Organization Authorized Signa	ature	Manuel Castillo	Date	17 OCT 22	
Print Name CASTILLO, MA	NUEL	Phone No. +52 844 411	5500 FAX No.	null	
Title QUALITY SUPE	RVISOR		E-mail	MANUEL.DE.JES	SUS.CASTILLO@APTIV.COM
		FOR CUSTOMER USE ON	II V (IF APPLICABLE)		
PPAP Warrant Disposition:	ПАр		Other		
Customer Signature			Date		
Print Name			Customer Tracking Nu	mber (optional)	

March 2006 CFG-1001