


## Part Submission Warrant

Part Name	<u>PPBS NW 6 SW GESCHL.GRA.STR.</u>		Cust. Part Number	<u>1931556</u>	
Shown on Drawing No.	<u>19303900-Ford</u>		Org. Part Number	<u>1931556</u>	
Engineering Change Level	<u>"k"</u>		Dated	<u>18.09.2013</u>	
Additional Engineering Changes			Dated		
Safety and/or Government Regulation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Purchase Order No.		
Weight (kg)	<u>0,011kg/m</u>				
Checking Aid No.			Checking Aid Engineering Change Level		
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION		
<u>Schlemmer GmbH 53-739-7536</u>			<u>Nursan Elektrik Donanım San. ve Tic. A</u>		
Organization Name & Supplier/Vendor Code			Customer Name / Division		
<u>Philipp-Reis-Straße 18</u>			<u>Erdem ULA</u>		
Street Address			Buyer / Buyer Code		
<u>Haßfurt</u>	<u>97437</u>	<u>Germany</u>			
City	Region	Postal Code	Country	Application	
MATERIALS REPORTING:					
Has customer-required Substances of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a					
Submitted by IMDS or other customer format: <u>IMDS-ID: 123033753 / 2</u>					
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a					
REASON FOR SUBMISSION (Check at least one)					
<input checked="" type="checkbox"/> Initial submission <input type="checkbox"/> Engineering Change(s) <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional <input type="checkbox"/> Correction of Discrepancy <input type="checkbox"/> Tooling inactive > than 1 year <input type="checkbox"/> Change to Optional Construction or Material <input type="checkbox"/> Supplier or Material Source Change <input type="checkbox"/> Change in Part Processing <input type="checkbox"/> Parts produced at Additional Location <input type="checkbox"/> Other - please specify below					
REQUESTED SUBMISSION LEVEL (Check one)					
<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 supplier's manufacturing location.					
SUBMISSION RESULTS					
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input checked="" 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					
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 4rd Edition Requirements. I further affirm that these samples were produced at the production rate of ___/___ 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: <u>Report: 22785</u> <u>Material: PP BS (SRS PP 2050)</u>					
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			Dated <u>17.01.2017</u>		
					
Print Name <u>i.A. Thomas Mergner</u>			Phone No. <u>+49 (0)8121/804-123</u> Fax No. _____		
Title <u>GQ1</u>			E-mail <u>Thomas.Mergner@schlemmer.com</u>		
FOR CUSTOMER USE ONLY (IF APPLICABLE)					
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other					
Customer Signature <u>Murat Akpınar</u>					Dated <u>18.05.2018</u>
Print Name <u>Murat Akpınar</u>					Customer Tracking Number (optional) _____