


Part Submission Warrant

Part Name <u>PP-BS NW 12 SW GESCHL.GRA.STR.</u>		Cust. Part Number <u>1931142</u>
Shown on Drawing No. <u>19303900-Ford</u>		Org. Part Number <u>1931142</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>0,021kg/m</u>
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____
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: 123072090 / 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"/> 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 _____	
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: 22779</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>10.01.2017</u>
Print Name <u>i.A. Thomas Mergner</u>		Phone No. <u>+49 (0)8121804-123</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>M. Alptar</u>		Dated <u>18-05-2018</u>
Print Name <u>MUSTA ALPTAR</u>		Customer Tracking Number (optional) _____