


## Part Submission Warrant

|   |  |   |
|---|--|---|
| Part Name <u>PP-BS NW 17 SW GESCHL.GRA.STR.</u>   |  | Cust. Part Number <u>1931147</u>                  |
| Shown on Drawing No. <u>19303900-Ford</u>   |  | Org. Part Number <u>1931147</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>0,031kg/m</u>                      |
| Checking Aid No. _____  | Checking Aid Engineering Change Level _____                          | Dated _____                                       |
| <b>ORGANIZATION MANUFACTURING INFORMATION</b>   |  | <b>CUSTOMER SUBMITTAL INFORMATION</b>             |
| <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                                       |
| <b>MATERIALS REPORTING:</b>   |  |   |
| 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: 123074017 / 3</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 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.   |  |   |
| <b>SUBMISSION RESULTS</b>   |  |   |
| 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 _____  |  |   |
| <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 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: 22781</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)8121804-123</u> Fax No. _____ |
| Title <u>GQ1</u>  | E-mail <u>Thomas.Mergner@schlemmer.com</u>                           |   |
| <b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>  |  |   |
| PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other   |  |   |
| Customer Signature <u>Mura f Akpınar</u>  |  | Dated <u>18-05-2018</u>                           |
| Print Name <u>Mura f Akpınar</u>  |  | Customer Tracking Number (optional) _____         |