

DaimlerChrysler Ford GM		Part Submission Warrant	
Part Name	<u>PP NW19 SW GRN.STR.</u>	Cust. Part Number	<u>1931960G</u>
Shown on Drawing No.	<u>19314903-Ford</u>	Org. Part Number	<u>1931960</u>
Engineering Change Level	<u>m</u>	Dated	<u>26.09.2016</u>
Additional Engineering Changes		Dated	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No. :	Weight (kg)	<u>0,038 kg/m</u>
Safety and/or Government Regulation			
Checking Aid No.	Checking Aid Engineering Change Level	Dated	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Delfingen DE Haßfurt GmbH / 34-320-6862</u>		<u>Nursan Kablo Donanımları San. ve Tic. A.Ş.</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>Philipp-Reis-Straße 18</u>		<u>Nadiye BARUTÇU</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>122985661 / 2</u>	
Are polymeric parts identified with appropriate ISO marking codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> n/a
REASON FOR SUBMISSION (Check at least one)			
<input 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 checked="" type="checkbox"/> Other - please specify below		
<u>Resampling</u>			
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		<u>extrusion</u>	
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 _____			
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-No.: H22-2184</u> <u>(Formerly Schlemmer GmbH, Haßfurt 53-739-7536)</u>	
Is each Customer Tool properly tagged and numbered?		<u>Florian Hartmann</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Organization Authorized Signature		Dated <u>19.01.2023</u>	
Print Name		Phone No.	Fax no.
<u>Florian Hartmann</u>		<u>+49 9521 9428-196</u>	<u>-291</u>
Titel		E-Mail	
<u>Quality Engineering Hassfurt</u>		<u>fhartmann@delfingen.com</u>	
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition:		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other	
Customer Signature		Dated	
Print Name		Customer Tracking Number (optional)	