



Part Submission Warrant

AQ/OG-DEL/097/E

Appendix of
AQ/PO-DEL/201-11

Part Name: <u>SCROLL PVCRCG 19X0790 (9/-)</u>		Cust. Part Number: <u>1015888</u>	
Shown on Drawing No.: <u>SCROLL PVCRCG GENERIC (EUROPE)</u>		Org. Part Number: <u>1015888; Generic: 69001</u>	
Engineering Change Level <u>E</u>		Dated <u>9-Jan-23</u>	
Additional Engineering Changes <u>NA</u>		Dated <u>NA</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>NA</u> Weight : <u>37.92 G/PCE</u>	
Checking Aid No. <u>NA</u>		Checking Aid Engineering Change Level <u>NA</u> Dated: <u>NA</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
DELFINGEN RO-TRANSILVANIA DUNS : 68-117-3071 Organization Name & Supplier/Vendor Code <u>Zona Industriala Str.I nr.5</u>		Customer Name/Division: <u>Nursan</u>	
Street Address <u>Arad Arad 310502 Romania</u> City Region Postal Code Country		Buyer/Buyer Code <u>Automotive</u>	
Application <u>Automotive</u>			
MATERIALS REPORTING			
Has customer-required Substances of Concern information been reported?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other customer format:		<u>1305338677 / 1</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 the 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 organization's manufacturing location.			
Submission Results			
The result for <input type="checkbox"/> dimensional measurements <input 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>SCROLL-DAVI</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 4th Edition requirements. I further affirm that these samples were produced at the production rate of 2000 MTR/ 8 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>THIS PPAP IS CONSIDERED APPROVED WITHOUT CUSTOMER FEEDBACK WITHIN 30 DAYS OF SUBMISSION</u>			
Is each Customer Tool properly tagged and numbered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Organization Authorized Signature		Date <u>30.04.2024</u>	
Print Name <u>MOISA ALEXANDRU</u>		Phone No. <u>40760010502</u> FAX No. _____	
Title <u>Quality Engineer</u>		E-mail <u>quality-ro-ar@delfingen.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		Date <u>30.04.2024</u>	
Print Name <u>Nadiye BARUTÇU</u>		Customer Tracking Number (optional) _____	