



## Part Submission Warrant

|                                     |   |                                       |                   |             |           |
|-------------------------------------|---|---------------------------------------|-------------------|-------------|-----------|
| Part Name                           | ASM CONN 16 M 1.5 SERIES BLK SLD                                    |                                       | Cust. Part Number | 35021687    |           |
| Shown on Drawing No.                | 35021693  |                                       | Org. Part Number  | 35021687    |           |
| Engineering Change Level            | 05 (Drawing Rev)  |                                       | Dated             | 05OC20      |           |
| Additional Engineering Changes      | NA  |                                       | Dated             | NA          |           |
| Safety and/or Government Regulation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Purchase Order No.                    | NA                | Weight (kg) | 0.0212 kg |
| Checking Aid No.                    | NA  | Checking Aid Engineering Change Level | NA                | Dated       | NA        |

  

|  |        |             |                                       |             |  |
|--|--------|-------------|---------------------------------------|-------------|--|
| <b>ORGANIZATION MANUFACTURING INFORMATION</b>            |        |             | <b>CUSTOMER SUBMITTAL INFORMATION</b> |             |  |
| Aptiv Plant MEXICO 98 / 811759570                        |        |             | TTI                                   |             |  |
| Organization Name & Supplier/Vendor Code                 |        |             | Customer Name/Division                |             |  |
| PIEDRAS NEGRAS KM 8.54 #8540 M/S 80J; CARRETERA SALTILLO |        |             | NA / NA                               |             |  |
| Street Address   |        |             | Buyer/Buyer Code                      |             |  |
| RAMOS ARIZPE COAH 25900 MEXICO                           |        |             | MULTIPLE                              |             |  |
| 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:  |  |  |
| <input checked="" type="checkbox"/> IMDS <input type="checkbox"/> Other  |  |  |
| MDS ID: 779449545 / 11   |  |  |
| 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 type="checkbox"/> Initial Submission <input type="checkbox"/> Change to Optional Construction or Material<br><input type="checkbox"/> Engineering Change(s) <input type="checkbox"/> Supplier or Material Source Change<br><input type="checkbox"/> Tooling: Transfer, Replacement, refurbishment, or additional <input type="checkbox"/> Change in Part Processing<br><input type="checkbox"/> Correction of Discrepancy <input type="checkbox"/> Parts Produced at Additional Location<br><input type="checkbox"/> Tooling Inactive > than 1 Year <input checked="" type="checkbox"/> Other - Please Specify                      |  |  |
| <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<br><input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer<br><input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer<br><input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer<br><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 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 35021693 CA34 A 0002  |  |  |
| <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 4th Edition Requirements. I further affirm that these samples were produced at the production rate of <u>1920</u> / <u>8</u> 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.  |  |  |
| <b>EXPLANATION / COMMENTS:</b>   |  |  |
| 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 <i>Manuel Castillo</i> Date 18 OCT 22  |  |  |
| Print Name CASTILLO, MANUEL Phone No. +52 844 411 5500 FAX No. null  |  |  |
| Title QUALITY SUPERVISOR E-mail MANUEL.DE.JESUS.CASTILLO@APTIV.COM   |  |  |
| <b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>   |  |  |
| PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other   |  |  |
| Customer Signature _____ Date _____  |  |  |
| Print Name _____ Customer Tracking Number (optional) _____   |  |  |