

Select One
☐ Phase 1 ☐ Phase 2 ☒ Phase 3 ☐ Interim (Non-PPAP)

PPAP Submission Warrant



PART INFORMATION

Customer Part Name RHD Cockpit H Brace CHNL Customer Part Number H1BT-14A390-AEC
Shown on Drawing Number H1BT-14A390-AEC Organization Part Number 7376342630
Engineering Change Level EE00 E 13429314 000 Dated 20170807
Additional Engineering Changes _____ Dated _____
Safety and/or Government Regulation ☐ Yes ☒ No Purchase Order Number 4500019290 Weight (kg) 0,0995
Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

Moritz Production Innovation in Kunststoff GmbH
Organization Name and Supplier/Vendor Code
Heldburger Strasse, 1
Street Address
Bad Rodach Bayern 96476 Deutschland
City State/Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Nursan Kablo Donanimlari San. Ve Tic. A.S.
Customer Name/Division
Nadiye Barutcu
Buyer/Buyer Code
B 479
Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? ☒ Yes ☐ No

Submitted by IMDS or other customer format
(If submitted by IMDS, enter Module ID no., version and date transmitted)

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Are polymeric parts identified with appropriate ISO marking codes?

☒ Yes ☐ No ☐ n/a

REASON FOR SUBMISSION (Check at least one)

- | | | |
|--|---|--|
| ☒ Initial submission | ☐ Tooling: Transfer, Replacement, Refurbishment, or additional | ☐ Supplier or Material Source Change |
| ☐ Engineering Change(s) | ☐ Tooling Inactive > than 1 year | ☐ Change in Part Processing |
| ☐ Correction of Discrepancy | ☐ Change to Optional Construction or Material | ☐ Parts produced at Additional Location |
| ☐ Other - please specify _____ | | |

REQUESTED SUBMISSION LEVEL (Select one)

- ☐ Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.
☐ Level 2 - Warrant with product samples and limited supporting data submitted to customer.
☒ Level 3 - Warrant with product samples and complete supporting data submitted to customer.
☐ Level 4 - Warrant and other requirements as defined by customer.
☐ Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.

SUBMISSION RESULTS

The results for ☒ dimensional measurements, ☒ material and functional tests ☐ appearance criteria ☒ statistical process package

These results meet all design requirements ☒ Yes ☐ No (If "No" - Explanation Required) _____

Mold / Cavity / Production Process 1 + 1 Cavity Moulding

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 25.04 / 2016 hours using 9 production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature [Signature] Print Name Walter Steffan Date 29.09.2022
Title Quality Manager Phone 0049 9564 8043 26 Fax 0049 9564 8043 29 Email walter.steffan@moritz-production.de
Is each Customer Tool properly tagged and numbered? ☒ Yes ☐ No ☐ n/a

Capacity Requirements

Source of the Program Approval requirements _____ Detail / Date _____
Program Approval (<PA>) Requirements APW _____ MPW _____
If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met Date _____
Source of the revised requirements after <PA> _____ Detail / Date _____
Revised requirements after <PA> APW 10.625 MPW 12.750
If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date _____
Demonstrated Capacity (record in Ford Capacity System [GCP or MCPV] as Purchased Part Capacity)
Enter capacity commitment (PPC) based on Capacity Analysis Report "Predicted Good Parts per Week" and date of analysis APWC 13684 MPPC 16421 Date 29-Sep-22

PPAP

Non-PPAP^{a/}

FOR FORD USE ONLY

Phased PPAP Warrant Status

☐ Approved ☐ Rejected ☐ Interim Accepted

STA Signature		Date	Name
			e-mail
P.D. Signature /b		Date	Name
			e-mail

a/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete

b/ P.D. signature for Priority suppliers on GPDS programs

Interim Status

(to be completed by the Organization)

Engineering Authorization _____
Alert or Alert Report _____

Description: _____
(Incomplete PPAP Requirements) _____