

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-AED  
Shown on Drawing Number H1BT-14A390-AED Organization Part Number 7376836030  
Engineering Change Level EE00 E 14461006 000 Dated 20221130  
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) 1303492671 / 2

Are polymeric parts identified with appropriate ISO marking codes? ☒ Yes ☐ No ☐ n/a

## REASON FOR SUBMISSION (Check at least one)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Initial submission | <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional | <input type="checkbox"/> Supplier or Material Source Change    |
| <input type="checkbox"/> Engineering Change(s)         | <input type="checkbox"/> Tooling Inactive > than 1 year                               | <input type="checkbox"/> Change in Part Processing             |
| <input type="checkbox"/> Correction of Discrepancy     | <input type="checkbox"/> Change to Optional Construction or Material                  | <input type="checkbox"/> Parts produced at Additional Location |
| <input type="checkbox"/> 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 8 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 22.02.2024  
Title Quality Manager Phone 0049 9564 8043 0 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 APPC 13.746 MPPC 16.495 Date 22-Feb-24

## PPAP Non-PPAP<sup>a/</sup> FOR FORD USE ONLY

### Phased PPAP Warrant Status

☐ Approved ☐ Rejected ☐ Interim Accepted

STA Signature		Date	Name
			e-mail
P.D. Signature <sup>b/</sup>		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) \_\_\_\_\_