



## Part Submission Warrant

AQ/OG-DEL/097/E

Appendix of  
AQ/PO-DEL/201-11

Part Name:	SCROLL PVCGRG 16X0035 (1,5/-1,5)			Cust. Part Number:	1022958		
Shown on Drawing No.:	SCROLL PVCGRG GENERIC (EUROPE)			Org. Part Number:	1017834; Generic: 69000		
Engineering Change Level	E			Dated	9-Jan-23		
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	1,26 G/PCE						
Checking Aid No.	NA			Checking Aid Engineering Change Level	NA		
Dated:	NA						
<b>ORGANIZATION MANUFACTURING INFORMATION</b>				<b>CUSTOMER SUBMITTAL INFORMATION</b>			
DELFINGEN RO-TRANSILVANIA DUNS : 68-117-3071 Organization Name & Supplier/Vendor Code				Customer Name/Division:			
Zona Industriala Str.I nr.5				Nursan			
Street Address				Buyer/Buyer Code			
Arad	Arad	310502	Romania	Automotive			
City	Region	Postal Code	Country	Application			
<b>MATERIALS REPORTING</b>							
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:				1321130047 / 1			
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 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			
<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 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.							
<b>Submission Results</b>							
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: SCROLL-DAVI							
<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 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: THIS PPAP IS CONSIDERED APPROVED WITHOUT CUSTOMER FEEDBACK WITHIN 30 DAYS OF SUBMISSION							
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 25.04.2024			
Print Name MOISA ALEXANDRU				Phone No. 40760010502			
Title Quality Engineer				FAX No.			
E-mail quality-ro-ar@delfingen.com							
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 30.04.2024			
Print Name Nadiye BARUTÇU				Customer Tracking Number (optional)			