

Part Name _____		Cust. Part Number _____	
Shown on Drawing No. _____		Org. Part Number _____	
Engineering Drawing Change Level _____		Dated _____	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation	☐ Yes ☐ No	Purchase Order No. _____	Weight (kg) _____
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____	

ORGANIZATION MANUFACTURING INFORMATION Lear Corporation Organization Name & Supplier/Vendor Code _____ 1110 Woodmere Avenue Street Address _____ Traverse City, Michigan 49686 USA City Region Postal Code Country	CUSTOMER SUBMITTAL INFORMATION Customer Name/Division _____ Buyer/Buyer Code _____ Application _____
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MATERIALS REPORTING
Has customer-required Substances of Concern information been reported? ☐ Yes ☐ No ☐ n/a
Submitted by IMDS or other customer format: **IMDS ID#** _____ **Date Created:** _____

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

REASON FOR SUBMISSION (Check at least one)

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

REQUESTED SUBMISSION LEVEL (Check 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 record requirements: ☐ Yes ☐ NO (If "NO" - Explanation Required)

Mold / Cavity / Production Process _____

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 _____ / _____ 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: _____

Is each Customer Tool properly tagged and numbered? ☐ Yes ☐ No ☐ n/a

Organization Authorized Signature _____ Date _____

Print Name **Diana L. Kantz** Phone No. **(231)995-7223** FAX No. **(231)995-7293**

Title **Senior Quality Engineer** E-mail dkantz@lear.com

FOR CUSTOMER USE ONLY (IF APPLICABLE)		
Part Warrant Disposition:	☐ Approved ☐ Rejected ☐ Other _____	
Customer Signature _____		Date _____
Print Name _____	Customer tracking number (optional) _____	