

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		CUSTOMER SUBMITTAL INFORMATION	
Lear Corporation			
Organization Name & Supplier/Vendor Code _____		Customer Name/Division _____	
1110 Woodmere Avenue			
Street Address _____		Buyer/Buyer Code _____	
Traverse City,	Michigan	49686	USA
City	Region	Postal Code	Country
		Application _____	
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) _____	