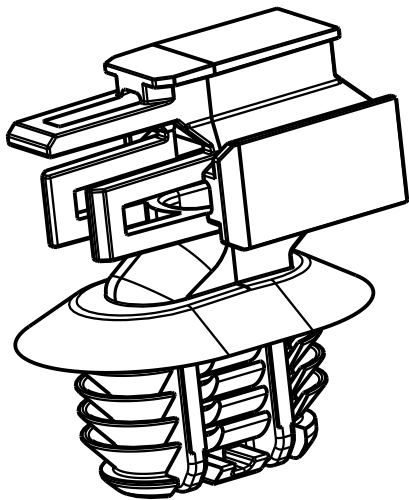
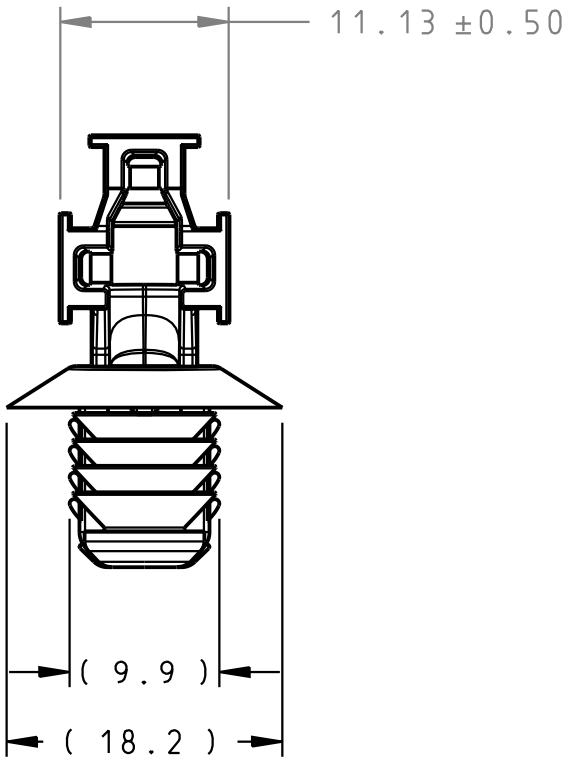
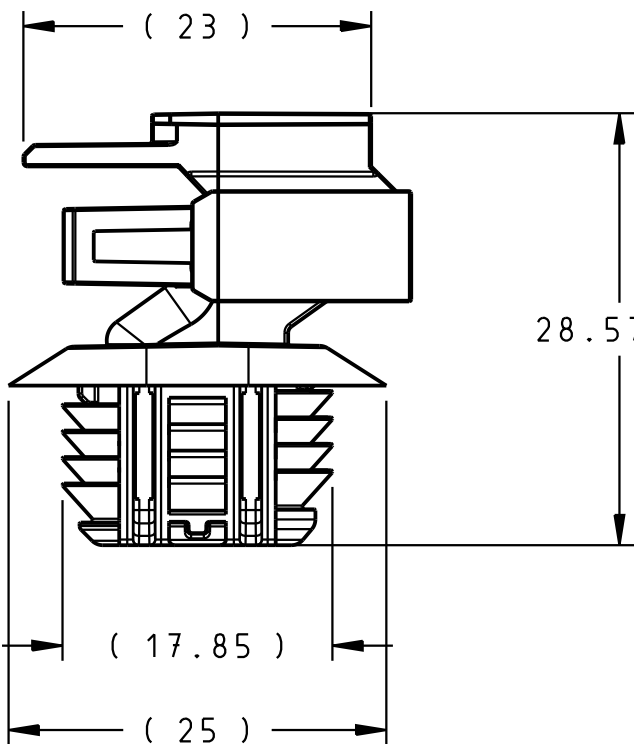
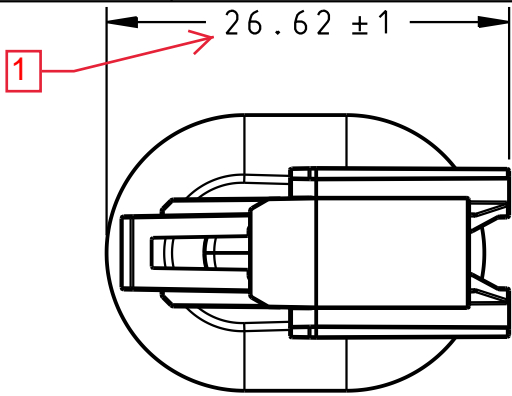


RET WIR CONN						
FORD COMPONENT PART NO.	SUPPLIER COMPONENT PART NO.	MATERIAL SPEC.	COLOR	ESTIMATED PART WEIGHT	SHEET METAL THICKNESS	OVAL HOLE SIZE
HU5T-14E042-D	3FAKRACCB0X9X170FT	PA 6/6 WSS-M4D706-B1	BLACK	2.2 GRAMS	0.60 MM-2.25 MM	9.0 X 17.0 +0.2/-0.4

LTRS	REVISIONS			
ORIGINATOR	CHECKER	ENGR APP	MATL APP	
RELEASED				
AELE E 12982958 473		20170829		
TPUSILO	EHAFTARS	RVITALI	RVITALI	

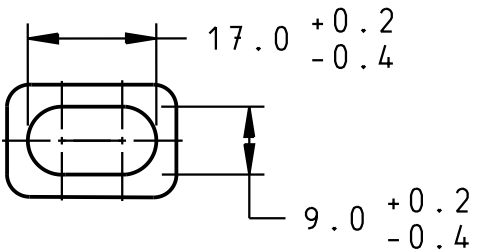


ISOMETRIC VIEW



UNLESS OTHERWISE SPECIFIED:

- 1.1 CLIP (MALE CLIP) TO CONNECTER INSERTION/EXTRACTION : MEETS USCAR 2
- 1.2 FITS INTO USCAR CLIP SLOT SPECIFICATION EWCAP-005-11 (NOT A TEST SPEC.)
2. FOR CURRENT RELEASE STATUS, SEE THE WERS ENGINEERING NOTICE
3. CHANGES TO DESIGN, COMPOSITION OR PROCESSING OF THE PART PREVIOUSLY APPROVED FOR PRODUCTION REQUIRE PRIOR APPROVAL FROM FORD MOTOR COMPANY PRODUCT ENGINEERING. REFER TO ISO/TS 16949
4. PART MUST BE FREE OF BURRS, FLASH AND SHARP EDGES THAT MAY AFFECT THE FUNCTION, SAFE HANDLING, INSTALLATION OR REMOVAL OF THE PART.
5. N/A
6. N/A
7. SOURCES FOR MATERIALS DEFINED BY FORD MATERIAL SPECIFICATIONS SHALL BE SELECTED FROM THE FORD MOTOR COMPANY ENGINEERING MATERIAL APPROVED SOURCE LIST. PART HAS MET THE POLYMERIC MATERIAL CODE PARTS MARKING EXEMPTION FOR WEIGHT.
8. MAXIMUM ALLOWABLE REGRIND CONTENT 25% BY WEIGHT.
9. N/A.
- PERFORMANCE REQUIREMENTS AT DRY AS MOLDED:
 - 10.1:FIR TREE PUSH IN FORCE: 45 NEWTONS (10 LBS) MAX IN THE APPLICABLE NOMINAL OVAL HOLE SIZE AND A PLATE THICKNESS OF 1.8mm
 - 10.2:FIR TREE PULL OUT FORCE: 110 NEWTONS (25 LBS) MIN IN THE APPLICABLE NOMINAL OVAL HOLE SIZE AND A PLATE THICKNESS OF 1.8mm.



MOUNTING SLOT
INSPECTION SYMBOLS SHOWN IN
THIS VIEW ARE FOR
REFERENCE ONLY

HellermannTyton

HELLERMANNTYTON
7930 NORTH FAULKNER ROAD
MILWAUKEE, WI 53224
(414) 355-1130


GSDB CODE: R36V APP DATE: 20170829

REFERENCE		3FAKRACCB0X9X170FT	
PART MUST COMPLY WITH RESTRICTED SUBSTANCE MANAGEMENT STANDARD WSS-M99P9999-A1 TO SAFEGUARD HEALTH, SAFETY AND THE ENVIRONMENT			
DRAFTED IN ACCORDANCE WITH FORD MOTOR COMPANY ENGINEERING CAD AND DRAFTING STANDARDS VERSION 29			3RD ANGLE PROJ DIMENSIONS ARE IN MILLIMETERS
CAD TYPE	CAD LOC.	CAD FILE	DTMC
K-CATIA5	TC	HU5T-14E042-D-DWG-01/1	IS MASTER
OPER. NO.	UNIT	DRAWING	
N/A	N/A	HU5T-14E042-DA	
DESIGN	DETAIL	TITLE	SHT 1
HELLERMA	TPUSILO	RET WIR CONN	OF 1
CHECKED	SAFETY		
EHAFTARS	MFG USE	N/A	
SCALE	DATE	DIVISION	N/A
2:1	20170829	PLANT	N/A



FORD MOTOR COMPANY

Select One <input type="radio"/> Phase 1 <input type="radio"/> Phase 2 <input checked="" type="radio"/> Phase 3 <input type="checkbox"/> Interim (Non-PPAP)		PPAP Submission Warrant																					
PART INFORMATION Customer Part Name: 3FAKRACCB0X9X17OFT Customer Part Number: 7152558330 / HU5T-14E042-DA Shown on Drawing Number: HU5T-14E042-DA Organization Part Number: 13304068 Engineering Change Level: AELE-E-12982958-473 Dated: 29.08.2017 Additional Engineering Changes: _____ Dated: _____ Safety and/or Government Regulation: <input type="radio"/> Yes <input checked="" type="radio"/> No Purchase Order Number: 13304068 Weight (kg): 0,0023 Checking Aid Number: _____ Checking Aid Engineering Change Level: _____ Dated: _____																							
ORGANIZATION MANUFACTURING INFORMATION HellermannTyton GmbH Organization Name and Supplier/Vendor Code Grosser Moorweg 45 Street Address Tornesch SH 25436 Germany City State/Region Postal code Country		CUSTOMER SUBMITTAL INFORMATION Yazaki EMEA Customer Name/Division Buyer/Buyer Code Ford Application																					
MATERIALS REPORTING Has customer-required Substances of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Submitted by IMDS or other customer format (If submitted by IMDS, enter Module ID no., version and date transmitted) 1100543062 / 1 Are polymeric parts identified with appropriate ISO marking codes? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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"/> Engineering Change(s) <input type="checkbox"/> Tooling Inactive > than 1 year <input type="checkbox"/> Supplier or Material Source Change <input type="checkbox"/> Correction of Discrepancy <input type="checkbox"/> Change to Optional Construction or Material <input type="checkbox"/> Change in Part Processing <input type="checkbox"/> Other - please specify _____ <input type="checkbox"/> Parts produced at Additional Location																							
REQUESTED SUBMISSION LEVEL (Select one) <input type="radio"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer. <input checked="" type="radio"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer. <input type="radio"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer. <input type="radio"/> Level 4 - Warrant and other requirements as defined by customer. <input type="radio"/> Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.																							
SUBMISSION RESULTS The results for <input checked="" type="checkbox"/> dimensional measurements, <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package These results meet all design requirements <input checked="" type="radio"/> Yes <input type="radio"/> No (If "No" - Explanation Required) _____ Mold / Cavity / Production Process: injection moulding / serial mold																							
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 _____ confidentialia / _____ hours using _____ 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: <i>i.A. Henning Pérez</i> Print Name: i.A. H. Pérez Date: 3-Jul-23 Title: Quality Technician Phone: +49 (0) 4122 701 5725 Fax: _____ Email: Henning.Perez@HellermannTyt																							
Is each Customer Tool properly tagged and numbered? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> n/a																							
Capacity Requirements Source of the Program Approval requirements: _____ Detail / Date: _____ Program Approval (<PA>) Requirements: APW: _____ MPW: _____ Date: _____ If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met: _____ Source of the revised requirements after <PA>: _____ Detail / Date: _____ Revised requirements after <PA>: APW: _____ MPW: _____ Date: _____ If the revised requirements after <PA> are not met, indicate date when the requirements will be met: _____																							
Demonstrated Capacity (recorded in Ford Capacity System IGCP or MCPVI as Purchased Part Capacity) Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date of analysis: APPC: _____ MPPC: _____ Date: _____																							
PPAP Non-PPAP^{a/} FOR FORD USE ONLY		Interim Status (to be completed by the Organization) Engineering Authorization: _____ Alert or Alert Report: _____ Description: (Incomplete PPAP Requirements) _____																					
Phased PPAP Warrant Status: <input checked="" type="radio"/> Approved <input type="radio"/> Rejected <input type="radio"/> Interim Accepted		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">STA Signature</td> <td style="width: 20%;"><i>Pui-Daniel Ramos</i></td> <td style="width: 10%;">Date</td> <td style="width: 10%;">Name</td> <td style="width: 10%;">e-mail</td> </tr> <tr> <td></td> <td></td> <td>09-01-2024</td> <td></td> <td></td> </tr> <tr> <td>P.D. Signature</td> <td>Y-EMEA</td> <td>Date</td> <td>Name</td> <td>e-mail</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		STA Signature	<i>Pui-Daniel Ramos</i>	Date	Name	e-mail			09-01-2024			P.D. Signature	Y-EMEA	Date	Name	e-mail					
STA Signature	<i>Pui-Daniel Ramos</i>	Date	Name	e-mail																			
		09-01-2024																					
P.D. Signature	Y-EMEA	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		Ford GPPSS1 May 2013 The original copy of this document shall remain at the supplier's location while the part is active Letter paper size format																					
Customer Tracking Number (optional) _____																							

Part Name	<u>3FAKRACCB0X9X170FT</u>			Cust. Part Number	<u>HU5T-14E042-DA</u>		
Shown on Drawing No.	<u>HU5T-14E042-DA</u>			Org. Part Number	<u>7152558330</u>		
Engineering Change Level	<u>AELE-E-12982958-473</u>			Dated	<u>29.08.2017</u>		
Additional Engineering Changes	<u>n/a</u>			Dated	<u>n/a</u>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Safety and/or Government Regulation				Purchase Order No.	<u>13304068</u>	Weight (kg)	<u>0,0023</u>
Checking Aid No.	<u>n/a</u>	Checking Aid Engineering Change Level	<u>n/a</u>	Dated	<u>n/a</u>		
ORGANIZATION MANUFACTURING INFORMATION				CUSTOMER SUBMITTAL INFORMATION			
YAZAKI KOTOZUKURI HUB TURKEY / 50437-50443				Nursan Kablo Donanımları San. ve Tic. A.Ş.			
Organization Name & Supplier/Vendor Code				Customer Name / Division			
Orhanli State Balaban Street				Nadiye Barutçu			
Street Address				Buyer/Buyer Code			
Istanbul	Tuzla	34956	Turkey	Ford			
City	Region	Postal Code	Country	Application			
MATERIALS REPORTING							
Has customer-required Substances of Concern information been reported?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS or other customer format:				IMDS			
				IMDS ID: 1326923815 / 1			
Are polymeric parts identified with appropriate ISO marking codes?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)							
<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			
REQUESTED SUBMISSION LEVEL (Check one)							
<input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.							
<input checked="" type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.							
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<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.							
SUBMISSION RESULTS							
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package							
These results meet all drawing and specification requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO (If "NO" - Explanation Required)							
Mold / Cavity / Production Process <u>injection moulding / serial mold</u>							
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 / 24 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: <u>N/A</u>							
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 19 September 2024			
Print Name Tanju Salman				Phone No. +90 264 415 5102		FAX No. N/A	
Title SQA Department Leader				E-mail tanju.salman@yazaki-europe.com			
FOR CUSTOMER USE ONLY (IF APPLICABLE)							
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other							
Customer Signature				Date			
Print Name				Customer Tracking No. (optional)			