

Part Name: <u>SCROLL PVCRCG 16X0790 (9/-9)</u>		Cust. Part Number: <u>1041353</u>	
Shown on Drawing No.: <u>SCROLL PVCRCG Generic (EUROPE)</u>		Org. Part Number <u>1041353 ( Genric 69000 )</u>	
Engineering Change Level <u>E</u>	Dated <u>09.01.2023</u>		
Additional Engineering Changes <u>NA</u>	Dated <u>NA</u>		
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>NA</u>	Weight (kg) <u>28.44 G/PCE</u>
Checking Aid No. <u>NA</u>	Checking Aid Engineering Change Level <u>NA</u>	Dated: <u>NA</u>	

  

<b>ORGANIZATION MANUFACTURING INFORMATION</b>  DELFINGEN RO-TRANSILVANIA DUNS : 68-117-3071 Organization Name & Supplier/Vendor Code <u>Calea Aurel Vlaicu; Nr.297/A</u> Street Address <table border="0" style="width: 100%;"> <tr> <td>Arad</td> <td>Arad</td> <td>310365</td> <td>Romania</td> </tr> <tr> <td>City</td> <td>Region</td> <td>Postal Code</td> <td>Country</td> </tr> </table>	Arad	Arad	310365	Romania	City	Region	Postal Code	Country	<b>CUSTOMER SUBMITTAL INFORMATION</b>  <u>Nursan</u> Customer Name/Division: <u>Buyer/Buyer Code</u> <u>Automotive</u> Application
Arad	Arad	310365	Romania						
City	Region	Postal Code	Country						

  
**MATERIALS REPORTING**  
 Has customer-required Substances of Concern information been reported? ☐ Yes ☐ No ☒ n/a  
  
 Submitted by IMDS or other customer format: 1417662089 / 1  
  
 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"/> Engineering Change(s) <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional <input type="checkbox"/> Correction of Discrepancy <input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Change to Optional Construction or Material <input type="checkbox"/> Supplier or Material Source Change <input type="checkbox"/> Change in Part Processing <input type="checkbox"/> Parts Produced at Additional Location <input type="checkbox"/> Other - please specify below
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**Requested Submission Level (Check One)**  
☐ Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to the 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 organization's manufacturing location.  
  
**Submission Results**  
 The result 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: Extrusion  
  
**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 660 MTR/ Hour.  
 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? ☐ Yes ☐ No ☒ n/a  
  

Organization Authorized Signature <u>Faur</u>	Date <u>12.05.2025</u>
Print Name <u>Faur Nicoleta</u>	Phone No. <u>4076010502</u> FAX No. _____
Title <u>Quality Engineer</u>	E-mail <u>quality-ro-ar@delfingen.com</u>

  

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 Number (optional) _____