

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS or other customer format:		IMDS ID# _____	Date Created: _____
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input 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 type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input 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 supplier's manufacturing location			
SUBMISSION RESULTS			
The results for <input type="checkbox"/> dimensional measurements <input type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all design record requirements: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature _____		Date _____	
Print Name _____		Phone Number _____	
Title APQP Engineer			
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
Part Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature _____		Date _____	
Print Name _____		Customer tracking number (optional) _____	