



## Part Submission Warrant

Part Name		TERM F OCS 1.5 ST		Cust. Part Number		35493303	
Shown on Drawing No.		13849927		Org. Part Number		35493303	
Engineering Change Level		DRAWING REV 05		Dated		30-MAY-2022	
Additional Engineering Changes				Dated			
Safety and/or Government Regulation		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Purchase Order No.		NA		Weight (kg) 0.3091 kg	
Checking Aid No.		Checking Aid Engineering Change Level				Dated	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>				<b>CUSTOMER SUBMITTAL INFORMATION</b>			
APTIV Plant USA 11 / 078567258				TTI			
Organization Name & Supplier/Vendor Code				Customer Name/Division			
1265 NORTH RIVER ROAD M/S 11A				NA /			
Street Address				Buyer/Buyer Code			
WARREN OH 44483 USA				MULTIPLE			
City Region Postal Code Country				Application			
<b>MATERIALS REPORTING</b>							
Has customer-required Substances of Concern information been reported?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Submitted by IMDS or other customer format:				<input checked="" type="checkbox"/> IMDS <input type="checkbox"/> Other			
				IMDS(Module) ID: 970672674 / Version No: 16			
				Transmission Date: 2022-09-29 00:00:00			
Are polymeric parts identified with appropriate ISO marking codes?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
<b>REASON FOR SUBMISSION (Check at least one)</b>							
<input 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 checked="" type="checkbox"/> Other - Please Specify			
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>							
<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 checked="" 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							
<b>SUBMISSION RESULTS</b>							
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input checked="" type="checkbox"/> statistical process package							
These results meet all design record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" - Explanation Required)							
Mold/cavity/Production Process 33385008MA0002							
<b>DECLARATION</b>							
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 <u>211,200/8</u> 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.							
<b>EXPLANATION / COMMENTS:</b>							
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			
STITT, RANDY				09-DEC-2022			
Print Name STITT, RANDY		Phone No.		FAX No.			
Title				E-mail		RANDY.STITT@APTIV.COM	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>							
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other							
Customer Signature				Date			
Print Name				Customer Tracking Number (optional)			