

## PART SUBMISSION WARRANT

Part Name <u>SLV ASY WIR CONN FEM</u>		Customer Part Number <u>LU5T-14A464-ALA</u>
Shown on Drawing No. <u>LU5T-14A464-ALA</u>		Supplier Part Number <u>6001537601A</u>
Engineering Change Level <u>Released AELE E 12035198 485</u>		Dated <u>6/25/19</u>
Additional Engineering Changes <u>N/A</u>		Dated <u>N/A</u>
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. <u>N/A</u>	Weight (kg) <u>0.0056</u>
Checking Aid No. <u>N/A</u>	Checking Aid Engineering Change Level <u>N/A</u>	Dated <u>N/A</u>
<b>SUPPLIER MANUFACTURING INFORMATION</b>		
Western Diversified Plastics / 609123190		
Supplier Name & Supplier/Vendor Code		
<u>53150 N. Main St.</u>		
Street Address		
<u>Mattawan</u>	<u>MI</u>	<u>49071</u>
<u>USA</u>		
City	State	Postal Code
<b>CUSTOMER SUBMITTAL INFORMATION</b>		
Nursan Otomotiv EOOD		
Customer Name/Division		
<u>Ford</u>		
Buyer/Buyer Code		
Application		
<b>MATERIALS REPORTING</b>		
Has customer-required Substances of Concern information been reported?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
IMDS - 826339583 / 1		
Are polymeric parts identified with appropriate ISO marking codes?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable		
<b>REASON FOR SUBMISSION</b> (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	
<b>REQUESTED SUBMISSION LEVEL</b> (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 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 organization'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 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>W-5376 / Assembly</u>		
<b>DECLARATION</b>		
I hereby 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>50,301</u> / <u>24</u> hours.		
I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from the declaration below.		
EXPLANATION / Customer requested		
COMMENTS:		
Is each Customer Tool properly tagged and numbered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a		
Supplier Authorized Signature <u>Alice Lossie</u>		Date <u>8/31/20</u>
Print Name <u>Alice Lossie</u>	Phone No. <u>269-668-3393</u>	Fax No. <u>269-668-7143</u>
Title <u>Quality Engineer</u>	E-mail <u>Alice.Lossie@westerndp.com</u>	
Part Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other		
Customer Signature <u>[Signature]</u>		Date
Print Name <u>Husein Tahir</u>	Customer Tracking Number (optional)	