

Select One
☐ Phase 1 ☐ Phase 2 ☒ Phase 3 ☐ Interim (Non-PPAP)

PPAP Submission Warrant



PART INFORMATION

Customer Part Name UREA Module Channel Customer Part Number N1TT-14A390-FTA
Shown on Drawing Number N1TT-14A390-FTA Organization Part Number 7176500930
Engineering Change Level EE00 E 13918599 000 Dated 20190828
Additional Engineering Changes _____ Dated _____
Safety and/or Government Regulation ☐ Yes ☒ No Purchase Order Number 21824 Weight (kg) 0,0350
Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

Moritz Production Innovation in Kunststoff GmbH
Organization Name and Supplier/Vendor Code
Heldburger Strasse, 1
Street Address
Bad Rodach Bayern 96476 Deutschland
City State/Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Yazaki Systems Technologies GmbH
Customer Name/Division
Claas Heerma
Buyer/Buyer Code
BX 726
Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? ☒ Yes ☐ No

Submitted by IMDS or other customer format
(If submitted by IMDS, enter Module ID no., version and date transmitted)

856431973 / 2

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"/> Tooling: Transfer, Replacement, Refurbishment, or additional | <input type="checkbox"/> Supplier or Material Source Change |
| <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Tooling Inactive > than 1 year | <input type="checkbox"/> Change in Part Processing |
| <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Change to Optional Construction or Material | <input type="checkbox"/> Parts produced at Additional Location |
| <input type="checkbox"/> Other - please specify _____ | | |

REQUESTED SUBMISSION LEVEL (Select one)

- ☐ Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to 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 supplier's manufacturing location.

SUBMISSION RESULTS

The results for ☒ dimensional measurements, ☒ material and functional tests ☐ appearance criteria ☒ statistical process package

These results meet all design requirements ☒ Yes ☐ No (If "No" - Explanation Required) _____

Mold / Cavity / Production Process 1 Cavity Moulding

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 23.10 / 2019 hours using 8 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 [Signature] Print Name Walter Steffan Date 23.10.2019

Title Quality Manager Phone 0049 9564 8043 26 Fax 0049 9564 8043 29 Email _____

Is each Customer Tool properly tagged and numbered?

☒ Yes ☐ No ☐ n/a

walter.steffan@moritz-production.de

Capacity Requirements

Source of the Program Approval requirements _____
Program Approval (<PA>) Requirements APW 2.135
If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met _____

Detail / Date _____
MPW 2.242 Date _____

Source of the revised requirements after <PA> _____
Revised requirements after <PA> APW _____
If the revised requirements after <PA> are not met, indicate date when the requirements will be met _____

Detail / Date _____
MPW _____ Date _____

Demonstrated Capacity (record in Ford Capacity System [GCP or MCPV] as Purchased Part Capacity)

Enter capacity commitment (PPC) based on Capacity Analysis Report "Predicted Good Parts per Week" and date of analysis APPC 2.860

MPPC 2.860 Date 23-Oct-19

PPAP

Non-PPAP^{a/}

FOR FORD USE ONLY

Phased PPAP Warrant Status

☒ Approved ☐ Rejected ☐ Interim Accepted

FBU SQE STA Signature	<u>[Signature]</u>	Date	<u>20-07-21</u>	Name	<u>A. Erbe</u>
P.D. Signature /b		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

Interim Status

(to be completed by the Organization)

Engineering Authorization _____
Alert or Alert Report _____

Description: _____
(Incomplete PPAP Requirements) _____