



## Part Submission Warrant

Part Name	TERM F GT 150 AU SEALED CAVITY LOCK		Cust. Part Number	15326426
Shown on Drawing No.	12191815		Org. Part Number	15326426
Engineering Change Level	DRAWING REV 26		Dated	Customer:10-MAY-2016
Additional Engineering Changes			Dated	
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No.	NA	Weight (kg) 0.0004 kg
Checking Aid No.	Checking Aid Engineering Change Level		Dated	

  

<b>ORGANIZATION MANUFACTURING INFORMATION</b>				<b>CUSTOMER SUBMITTAL INFORMATION</b>	
APTIV/WSO Plant USA 11 / 107194362				TTI for: Nursan Otomotiv EOOD	
Organization Name & Supplier/Vendor Code				Customer Name/Division	
1265 NORTH RIVER ROAD M/S 11A				NA / 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 07.11.2022	
		ID/VERSION 7019461/68	
		DATE: 11-OCT-2022	
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"/> 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 checked="" type="checkbox"/> Other - Please Specify		
		<b>CUSTOMER REQUEST</b>	

  

<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	15326426MA0001

  

<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>192,000/8</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	STITT, RANDY
Phone No.	
FAX No.	null
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	Date
Customer Signature	
Print Name	Customer Tracking Number (optional)

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