

Part Submission Warrant

Part Name	Cust. Part Number
Shown on Drawing No.	Org. Part Number
Engineering Change Level	Dated
Additional Engineering Changes	Dated
Safety and/or Government Regulation Yes N	· ———
	Engineering Change Level Dated
ORGANIZATION MANUFACTURING INFORMATION	CUSTOMER SUBMITTAL INFORMATION
Organization Name & Supplier/Vendor Code	/ Customer Name/Division
Street Address	Buyer/Buyer Code
City State/County/Province Zip Count	try Application
MATERIALS REPORTING	
Has customer-required Substances of Concern information	ation been reported?
Sumbitted by IMDS or other c	ustomer format:
A	
Are polymeric parts identified with appropriate ISO mar	rking codes?
REASON FOR SUBMISSION (Check at least one)	
Initial submission	Change to Optional Construction or Material
Engineering Change(s)	Sub-Supplier or Material Source Change
Tooling: Transfer, Replacement, Refurbishment, or addition	
Correction of Discrepancy	Parts produced at Additional Location
Tooling Inactive > than 1 year	Other - please specify below
REQUESTED SUBMISSION LEVEL (Check one)	
Level 1 - Warrant only (and for designated appearance item	is, an Appearance Approval Report) submitted to customer.
Level 2 - Warrant with product samples and limited supporti	ng data submitted to customer.
Level 3 - Warrant with product samples and complete support	orting data submitted to customer.
Level 4 - Warrant and other requirements as defined by cus	stomer.
Level 5 - Warrant with product samples and complete support	orting data reviewed at supplier's manufacturing location.
SUBMISSION RESULTS	
_	I functional tests appearance criteria statistical process package
These results meet all drawing and specification requirements:	YES NO (If "NO" - Explanation Required)
Mold / Cavity / Production Process	
DECLARATION	
	ive of our parts which were made by a process which meets all Production Part
Approval Manual 4th Edition Requirements. I further affirm that thes	se samples were produced at the production rate of pcs. / hours
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:	
s each Customer Tool Properly tagged and numbered?	☐ Yes ☐ No ☐ N/A
Organization Authorized Signature	Date
Print Name	Phone No. Fax
Title	Email
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FOR CUSTO	MER USE ONLY (IF APPLICABLE)
	MER USE ONLY (IF APPLICABLE)
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March 2006

CFG-1001