

Part Name <b>Output Shaft 1</b>		Customer Part Number <b>250.6.3974.35</b>	
Shown on Drawing No. <b>250.6.3974.35</b>		Organization Part # _____	
Engineering Change Level <b>d C006614_MIP_1</b>		Dated <b>09-nov-16</b>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. _____	Weight (kg) <b>1.904</b>	
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____	

<b>ORGANIZATION MANUFACTURING INFORMATION</b>				<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>GETRAG MODUGNO</b>				Customer Name/Division _____	
Organization Name & Supplier/Vendor Code <b>VIA DEI CICLAMINI N°4</b>				Buyer/Buyer Code <b>DCT250</b>	
Street Address <b>MODUGNO BARI 70026 ITALY</b>				Application _____	
City	Region	Postal Code	Country		

**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  Yes  No  n/a  
 Submitted by IMDS or other customer format: \_\_\_\_\_

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

**REASON FOR SUBMISSION (Check at least one)**

<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material
<input checked="" 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

**REQUESTED SUBMISSION LEVEL (Check 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 organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material and 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**

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 2000 / 24 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.

**EXPLANATION / COMMENTS:** **Change on angle and chamfer of grooves in details W, T, X, U**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

Organization Authorized Signature Date **14-dic-16**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

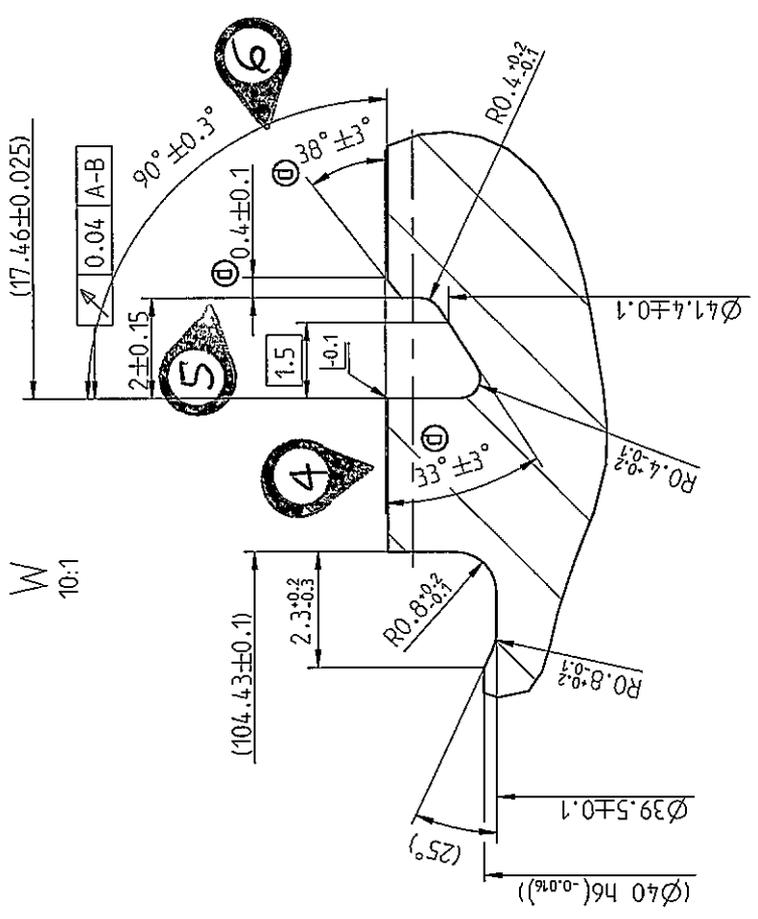
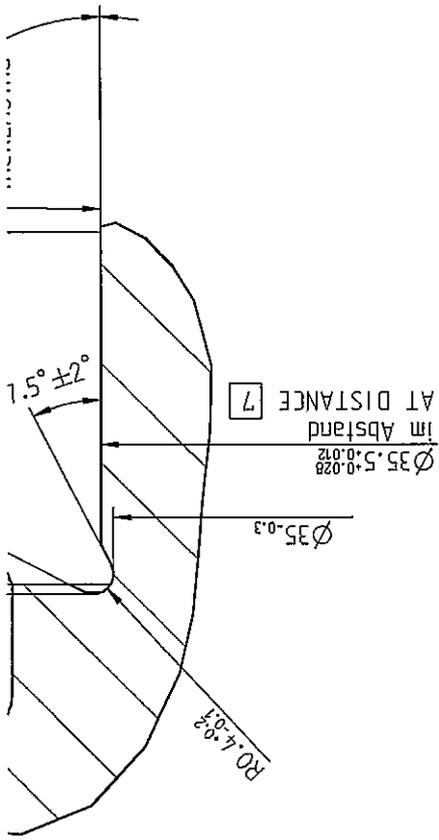
Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

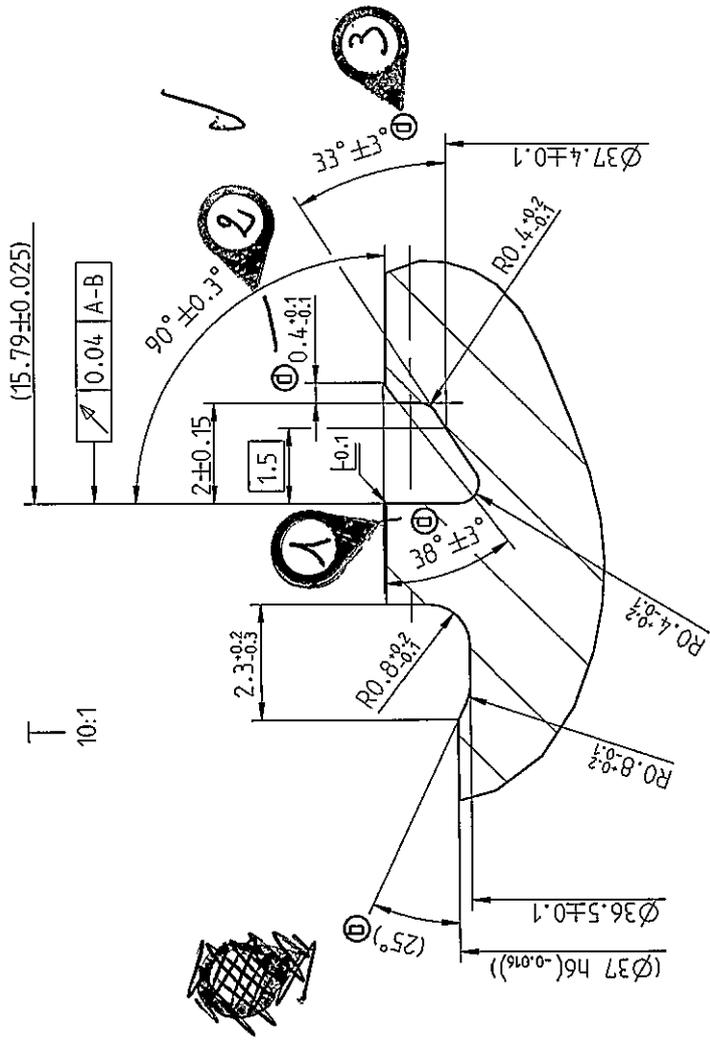
Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature Date **14.12.16**

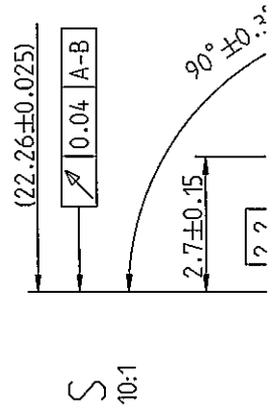
Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_



W 10:1

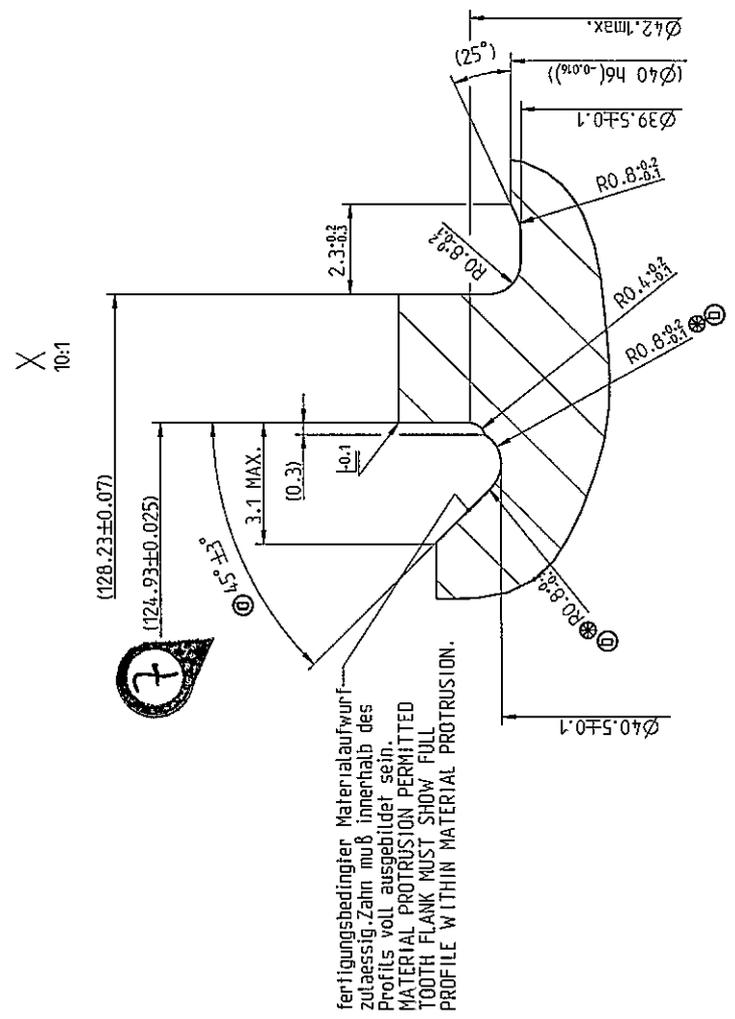
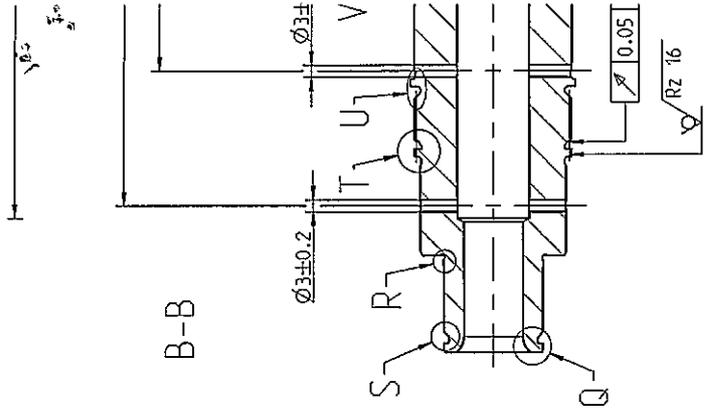


T 10:1

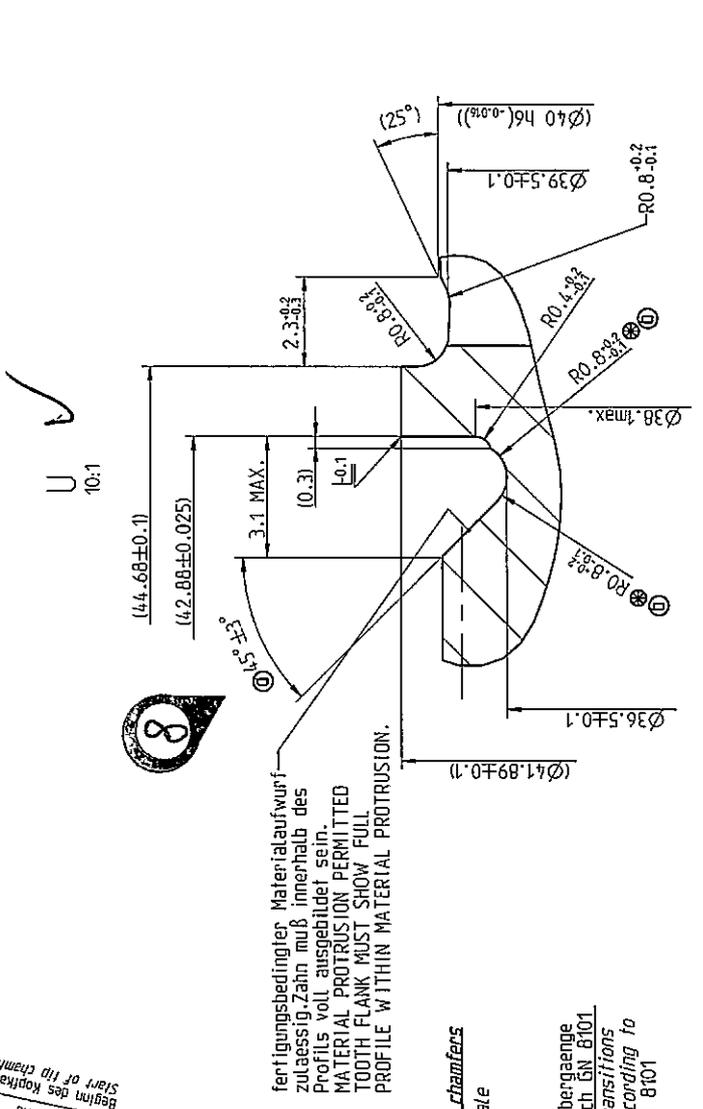
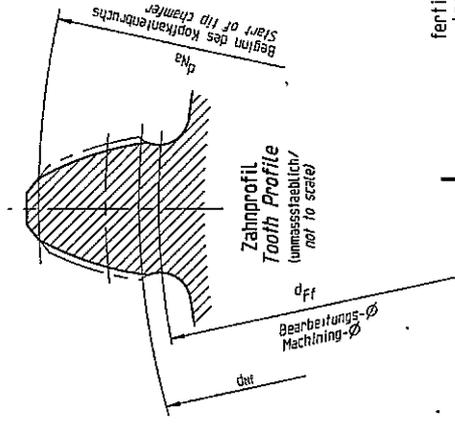


S 10:1

Zentrierbohrung ähnlich DIN 332  
CENTER HOLE SIMILAR DIN 332

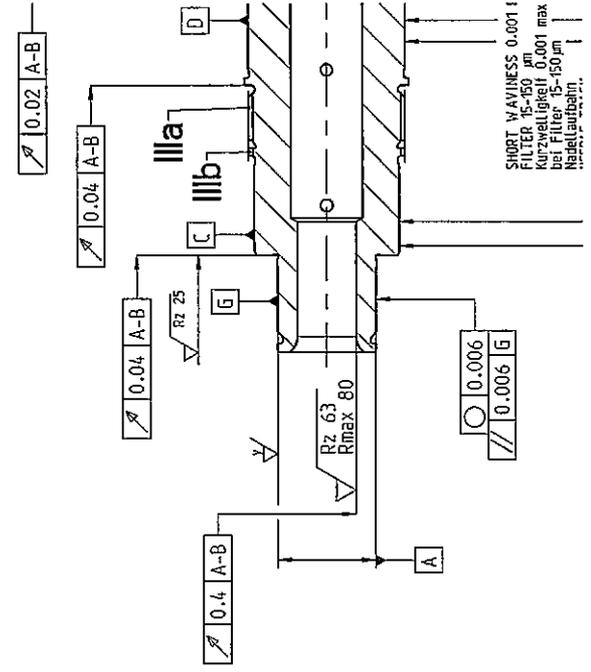
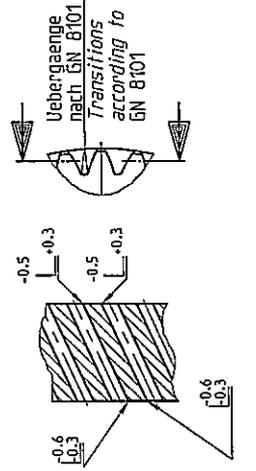


fertigungsbedingter Materialaufwurf  
zulaessig-Zahn muß innerhalb des  
Profils voll ausgebildet sein.  
MATERIAL PROTRUSION PERMITTED  
TOOTH FLANK MUST SHOW FULL  
PROFILE WITHIN MATERIAL PROTRUSION.



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TOOTH FLANK MUST SHOW FULL  
PROFILE WITHIN MATERIAL PROTRUSION.

Kanten an Laufverzahnungen \ Tooth chamfers  
unmassstaeblich \ not to scale

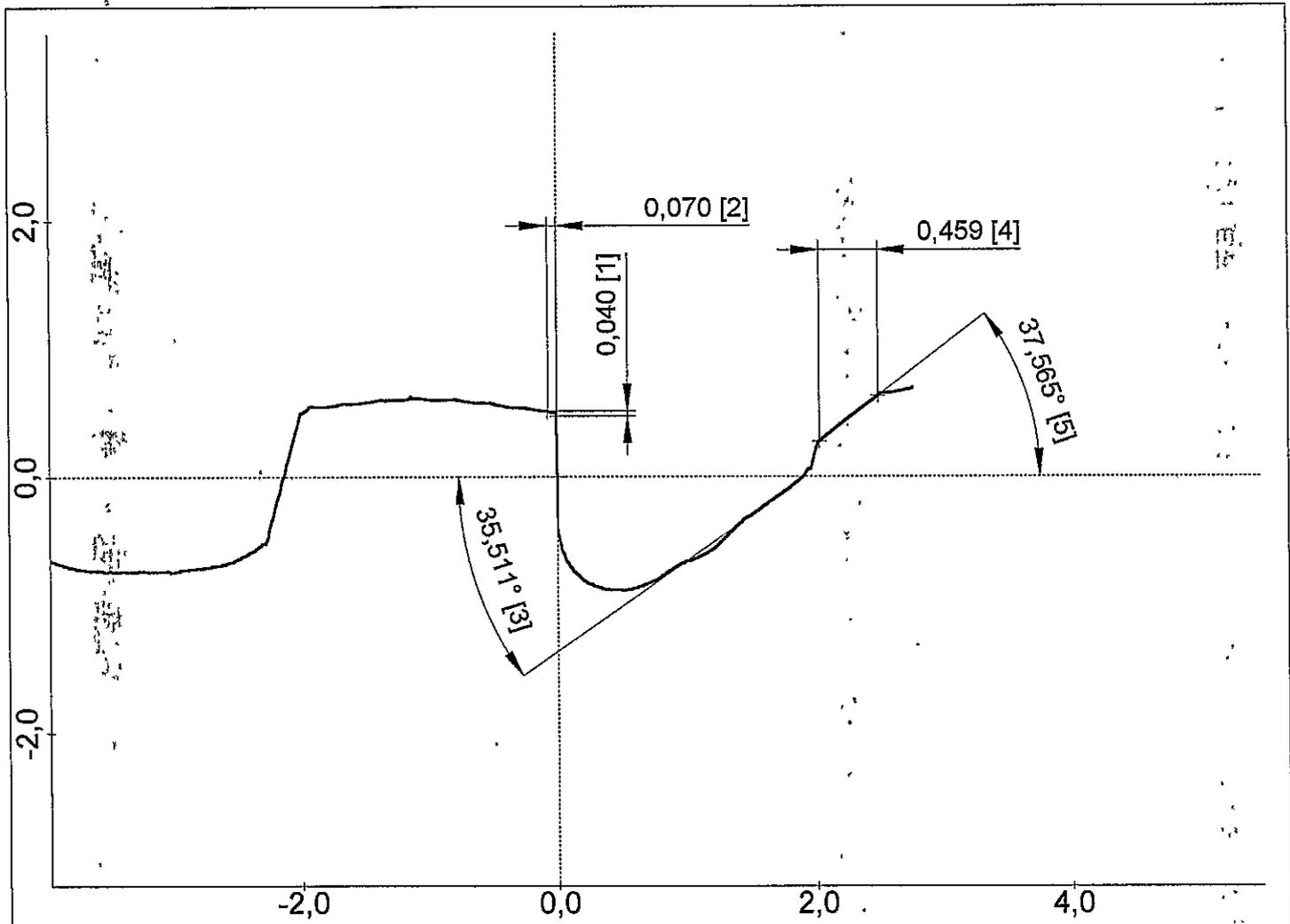


SHORT WAVINESS 0.001 I  
FILTER 15-50 µm  
Kurzwelligkeit 0.001 max  
bei Filter 15-150 µm  
Nadeltaubahn.



Via dei Ciclamini 4, Modugno ( BA )

Oggetto:	OS 1
Numero:	3974
Operatore:	TURNO A
Data, ora:	14.12.2016, 9:13
Nota:	PART T PZ N.1
Tastatore:	PCV 350 / 33 mm
Macchina:	MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

N°BADGE ODP RICEVENTE

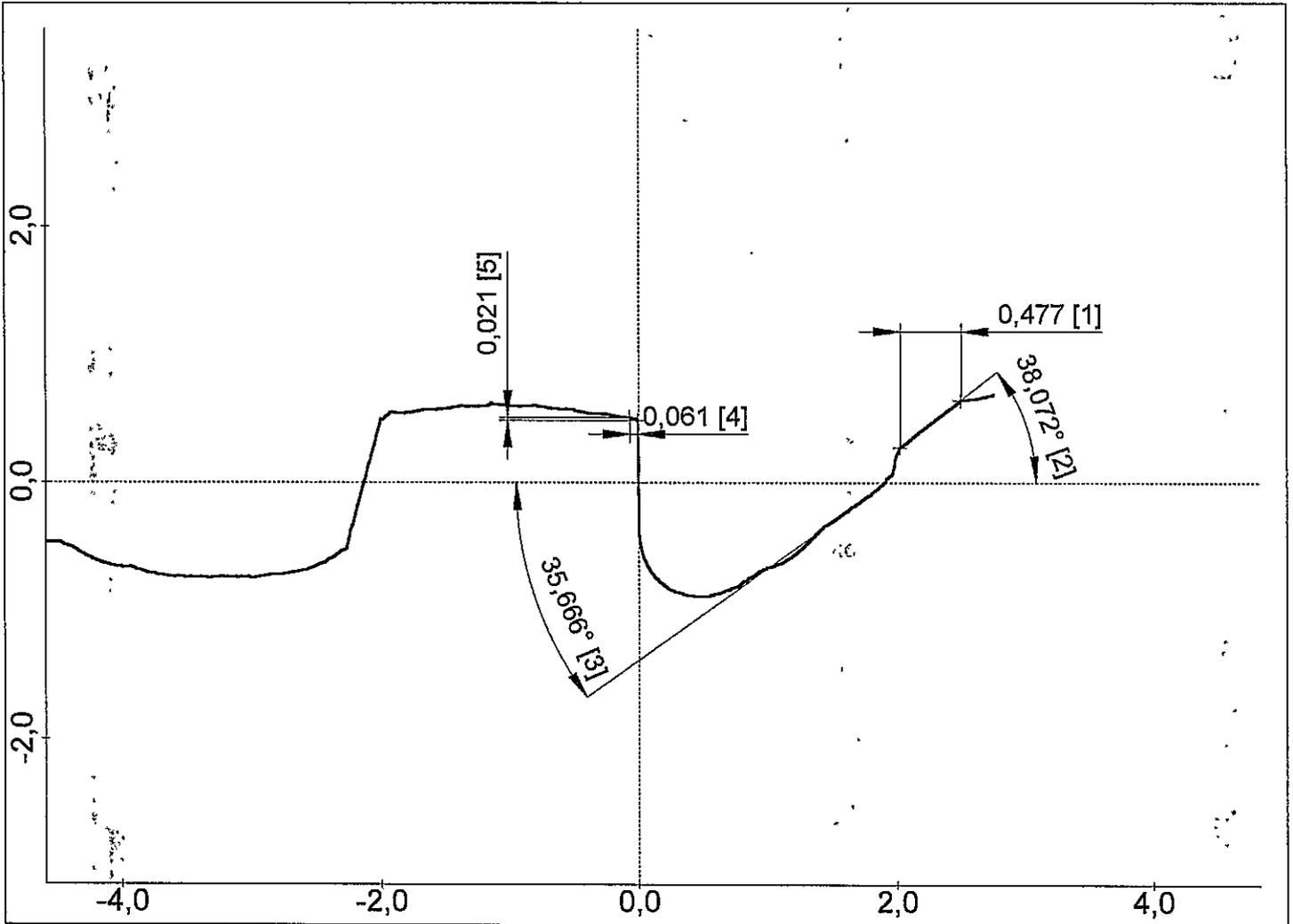
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 9:13  
Nota: PART T PZ N.2  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

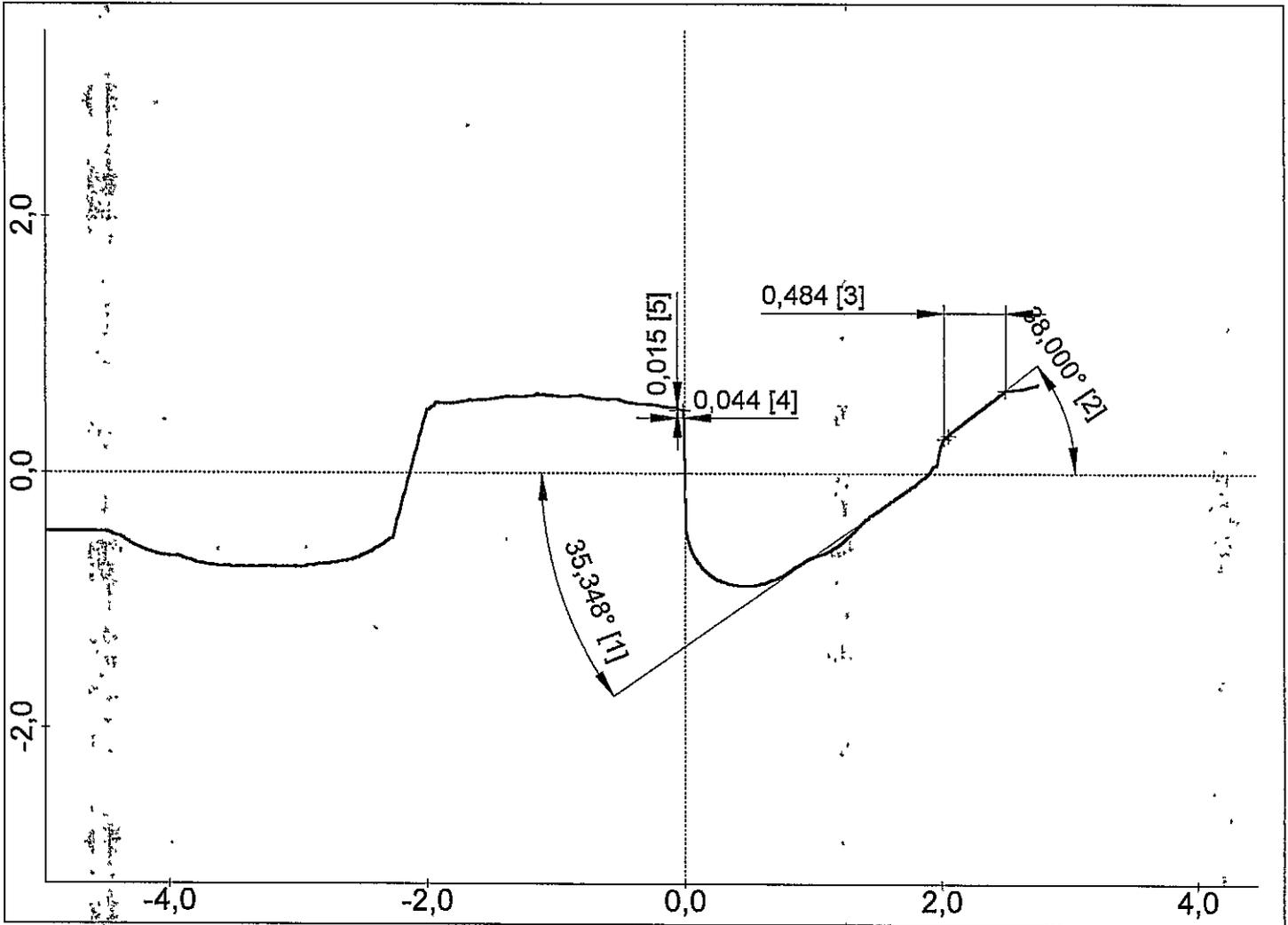
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 9:13  
Nota: PART T PZ N.3  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

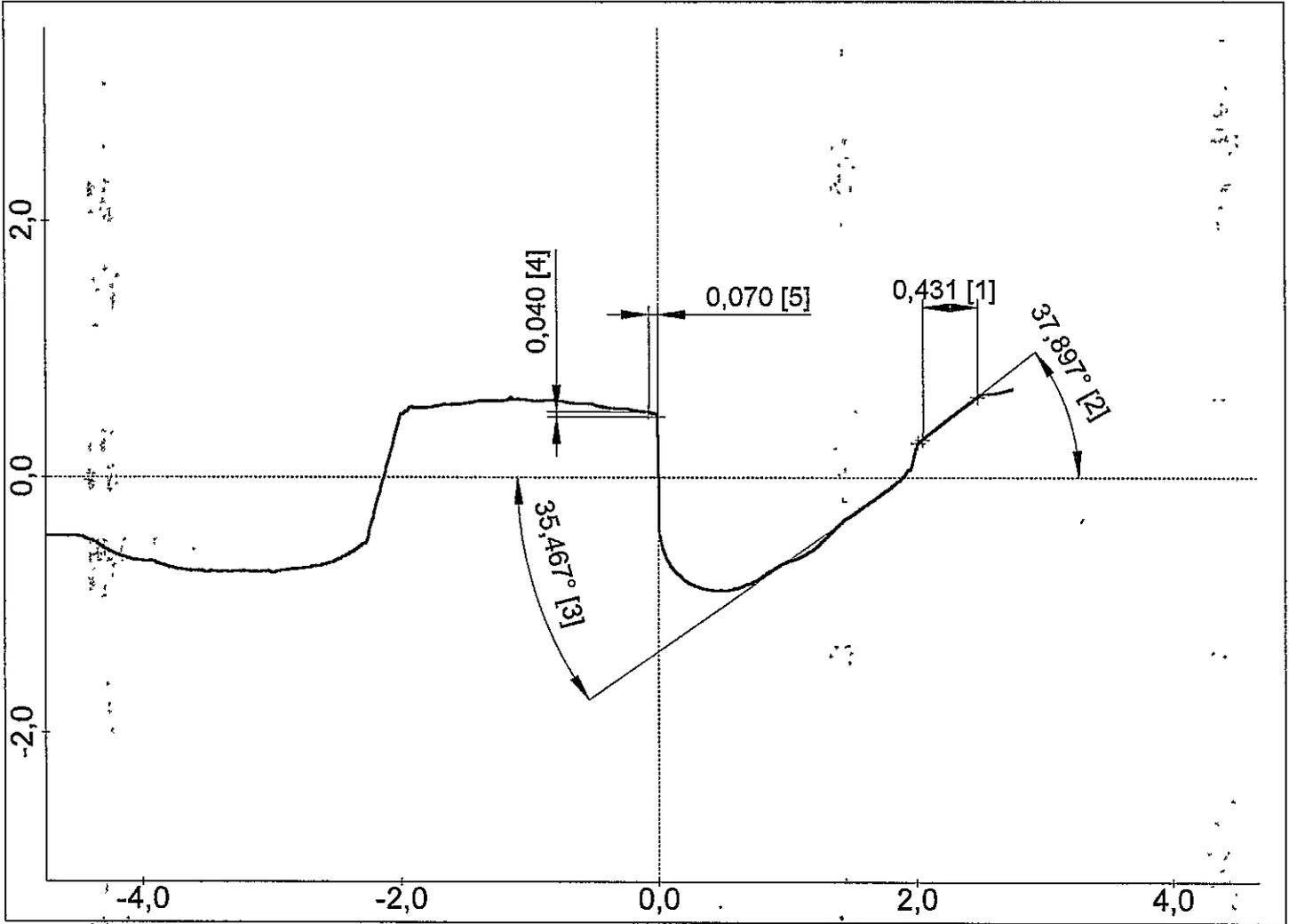
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
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Operatore: TURNO A  
Data, ora: 14.12.2016, 9:13  
Nota: PART T PZ N.4  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

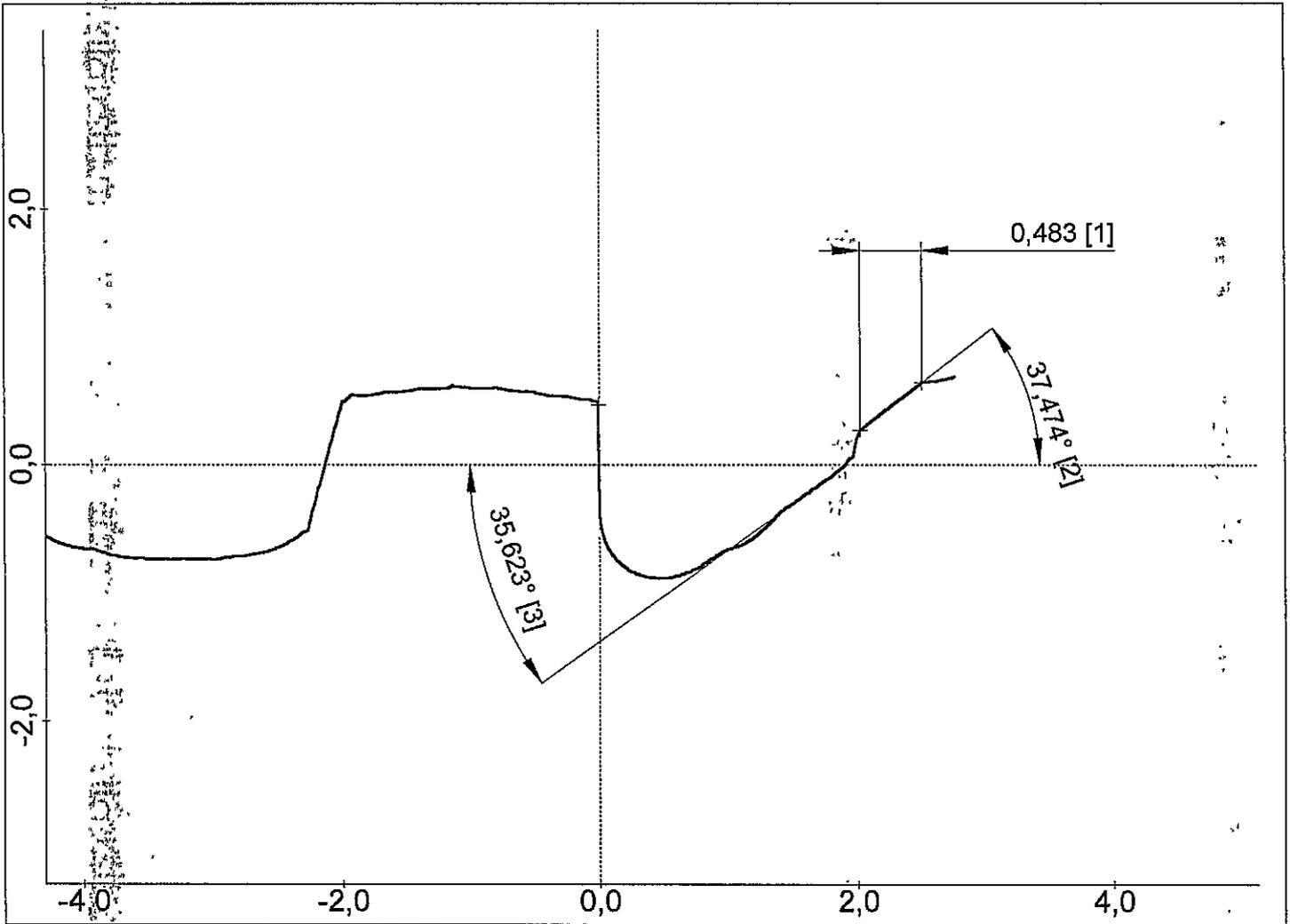
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Via dei Ciclamini 4, Modugno ( BA )

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Operatore: TURNO A  
Data, ora: 14.12.2016, 9:13  
Nota: PART T PZ N.5  
Tastatore: PCV 350 / 33 mm  
  
Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

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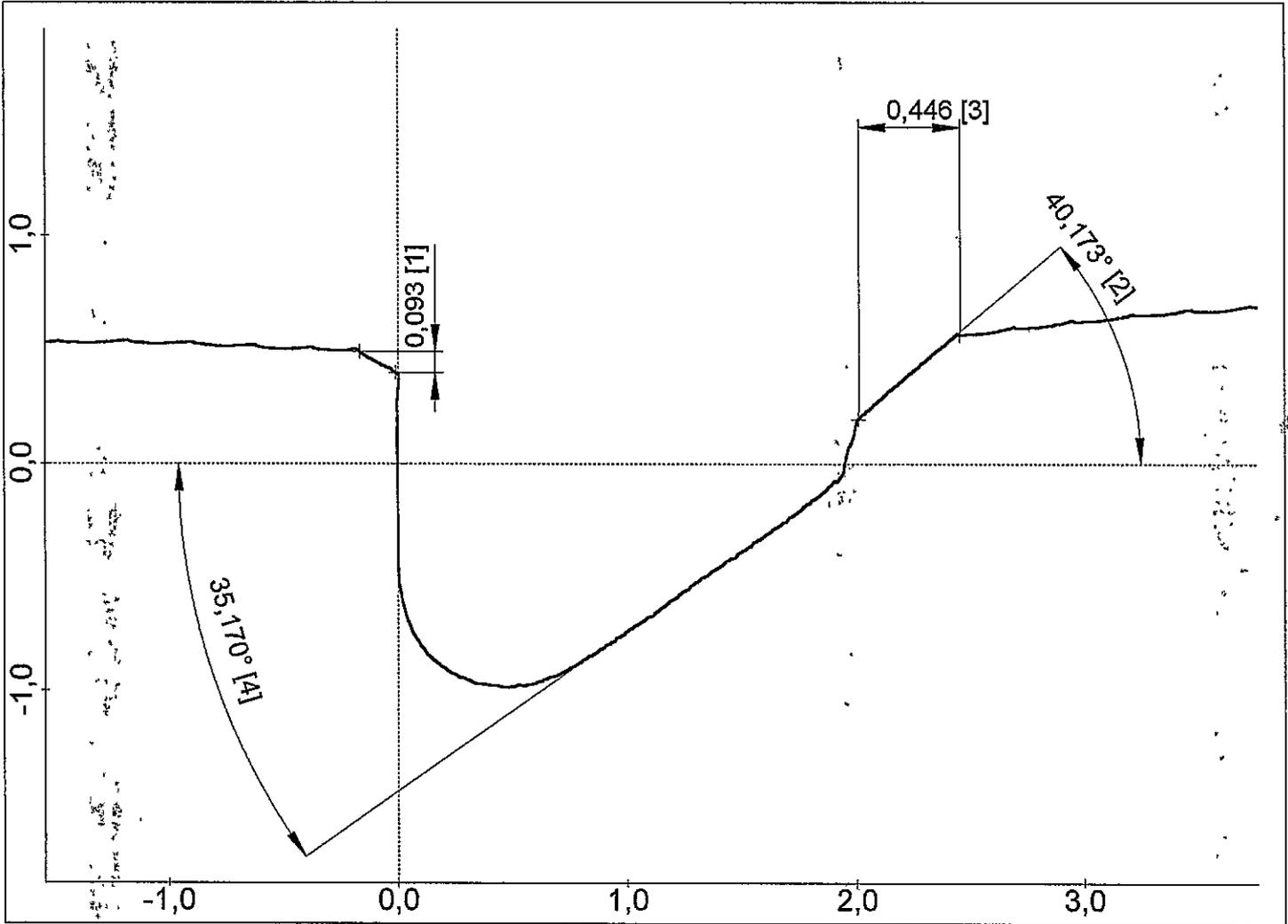
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Numero:	3974
Operatore:	TURNO A
Data, ora:	14.12.2016, 9:52
Nota:	PART W PZ N.1
Tastatore:	PCV 350 / 33 mm
Macchina:	MOA 416120 002



PERTHOMETER CONCEPT

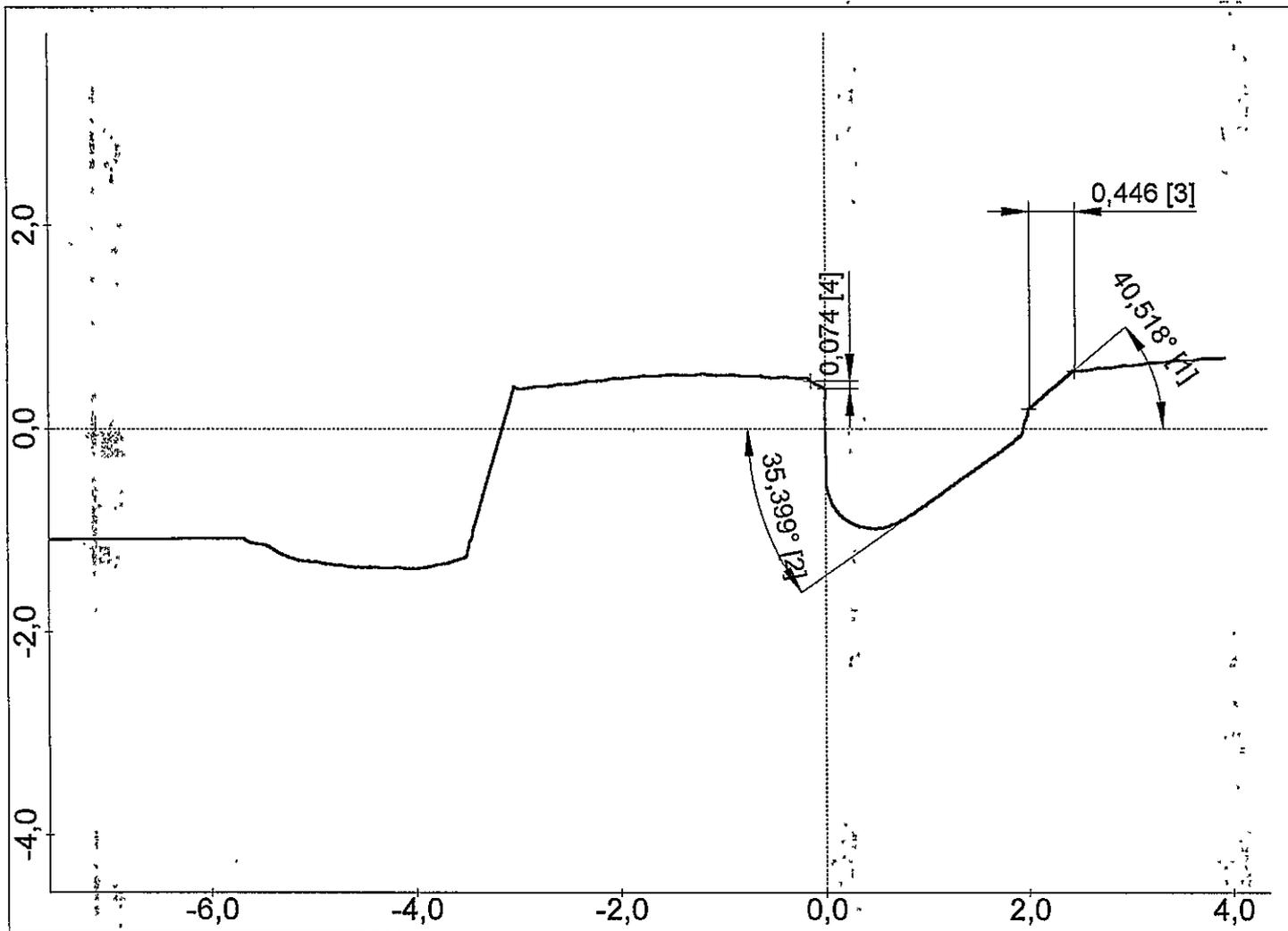
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Valutazione Profilo	
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 9:52  
Nota: PART W PZ N.2  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione.

Valutazione Profilo

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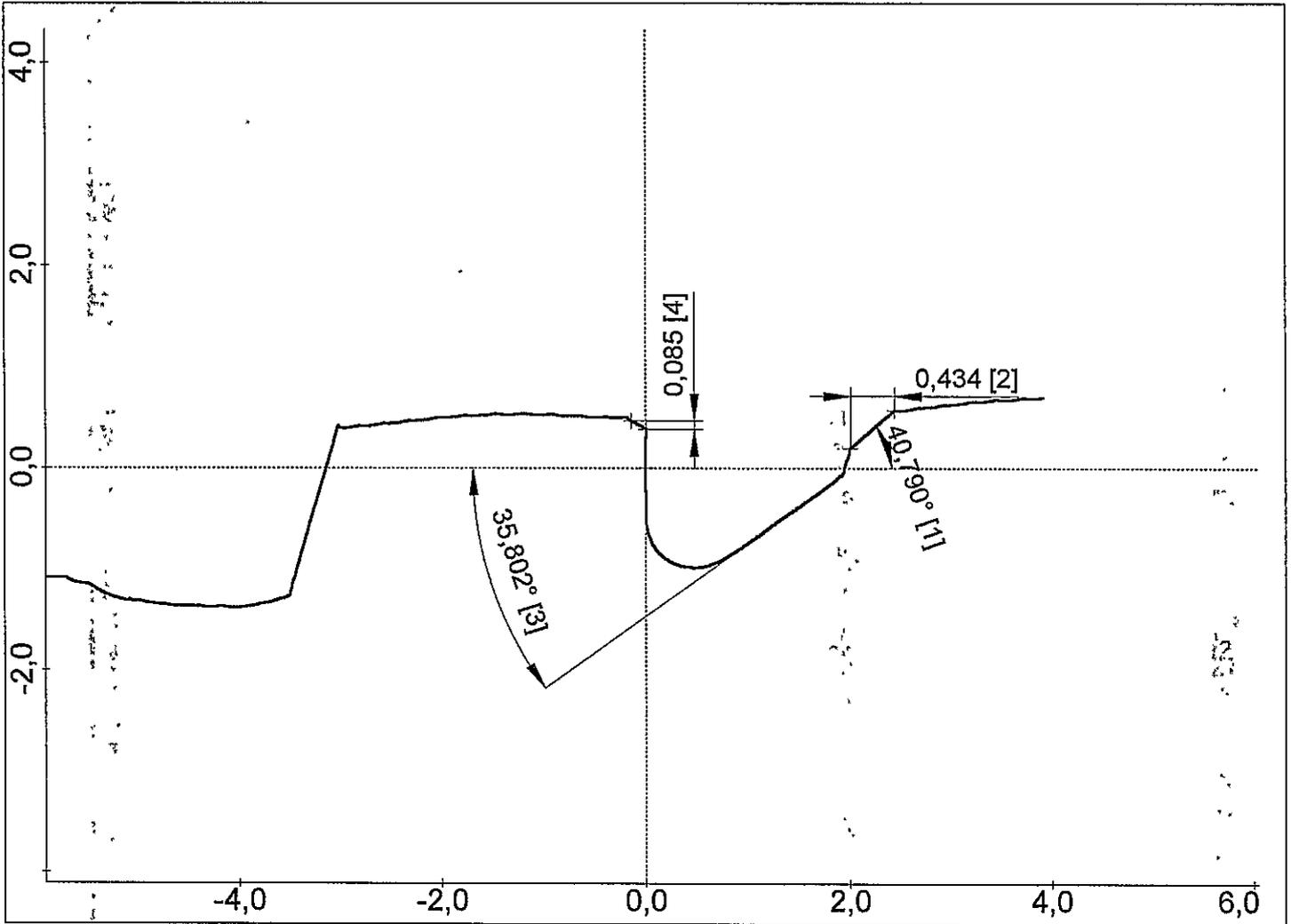
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Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 9:52  
Nota: PART W PZ N.3  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

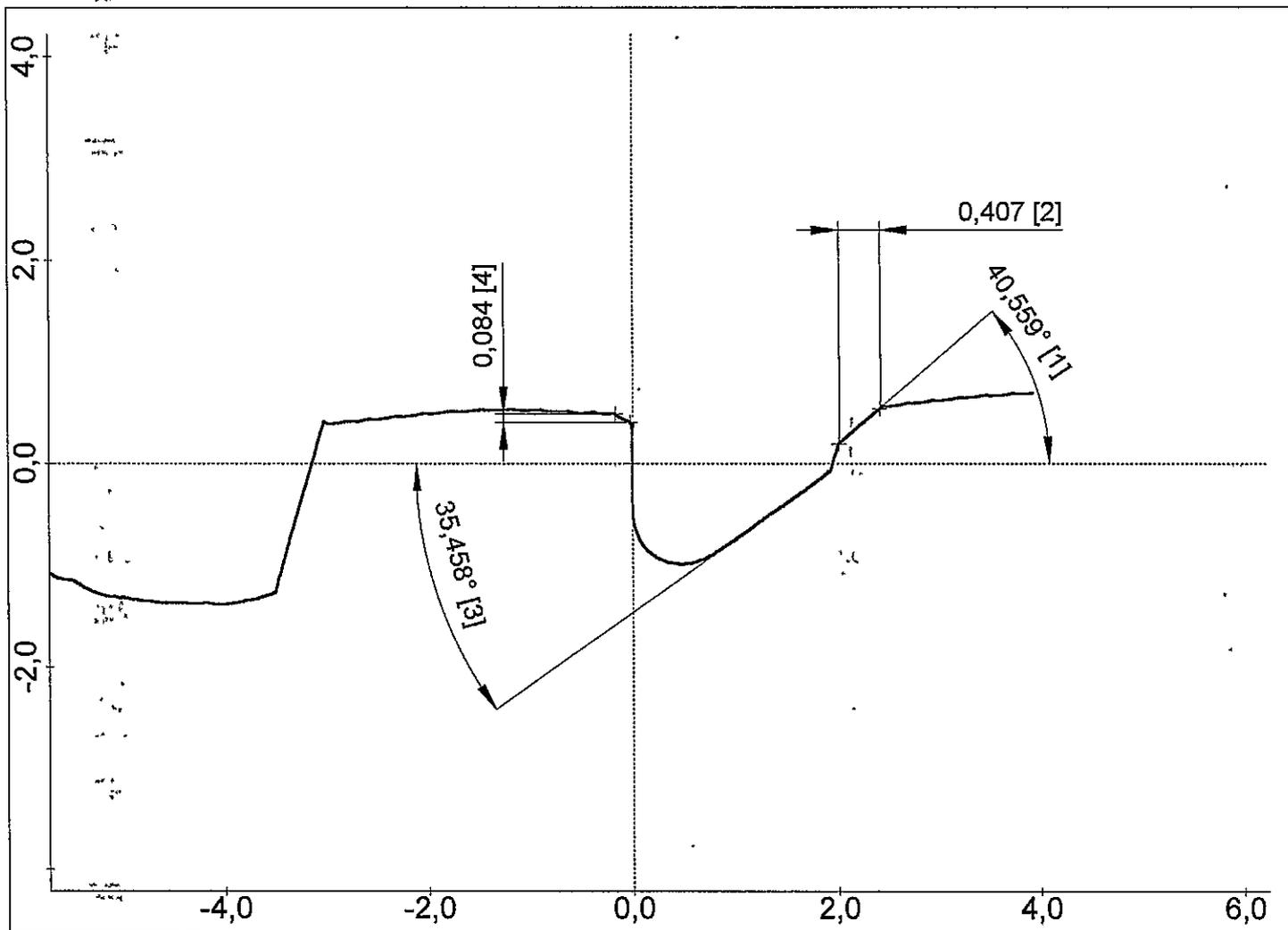
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N°BADGE ODP RICEVENTE

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Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 9:52  
Nota: PART W PZ N.4  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

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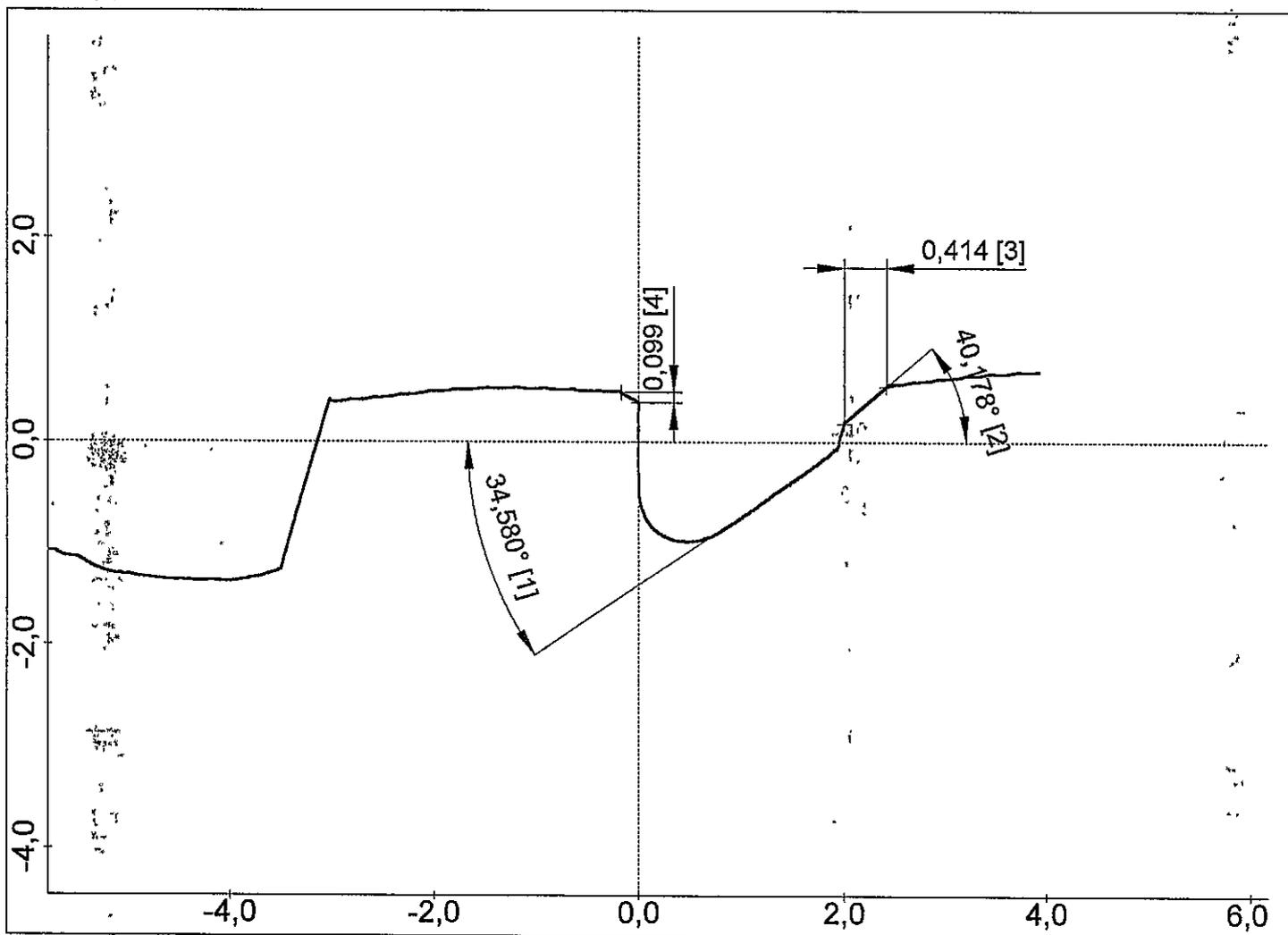
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 9:52  
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PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

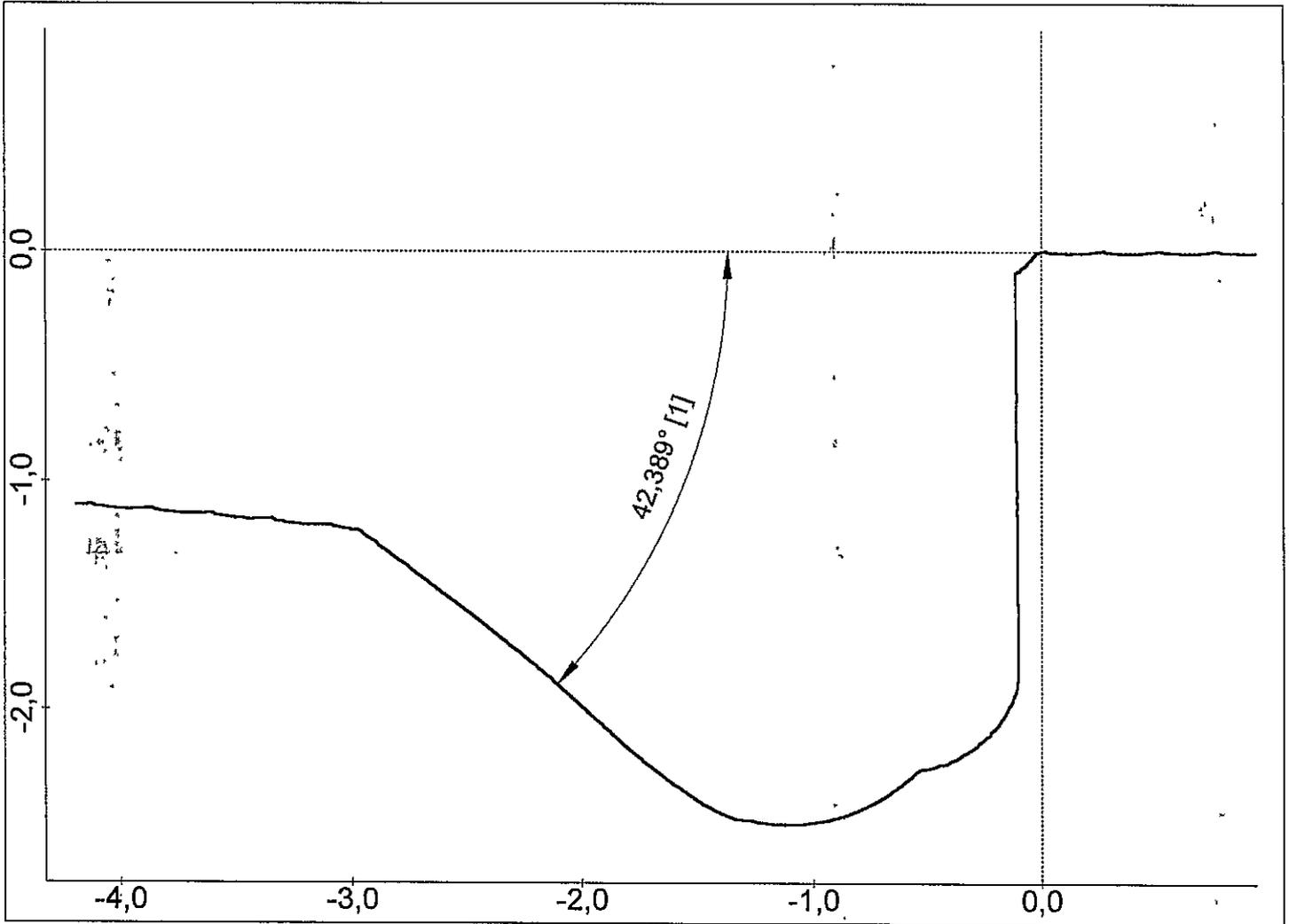
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 10:06  
Nota: PART X PZ N.1  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

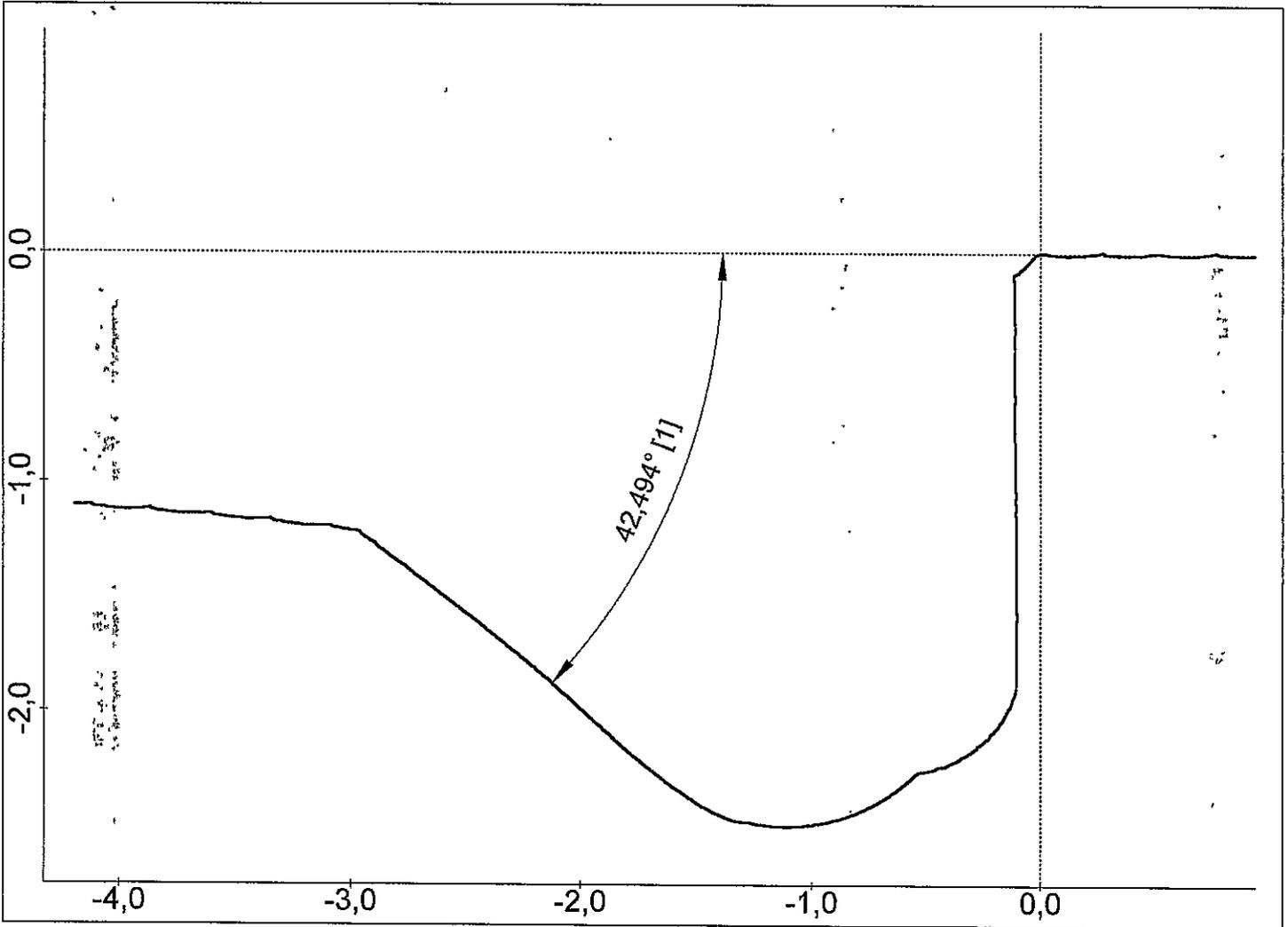
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 10:06  
Nota: PART X PZ N.2  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

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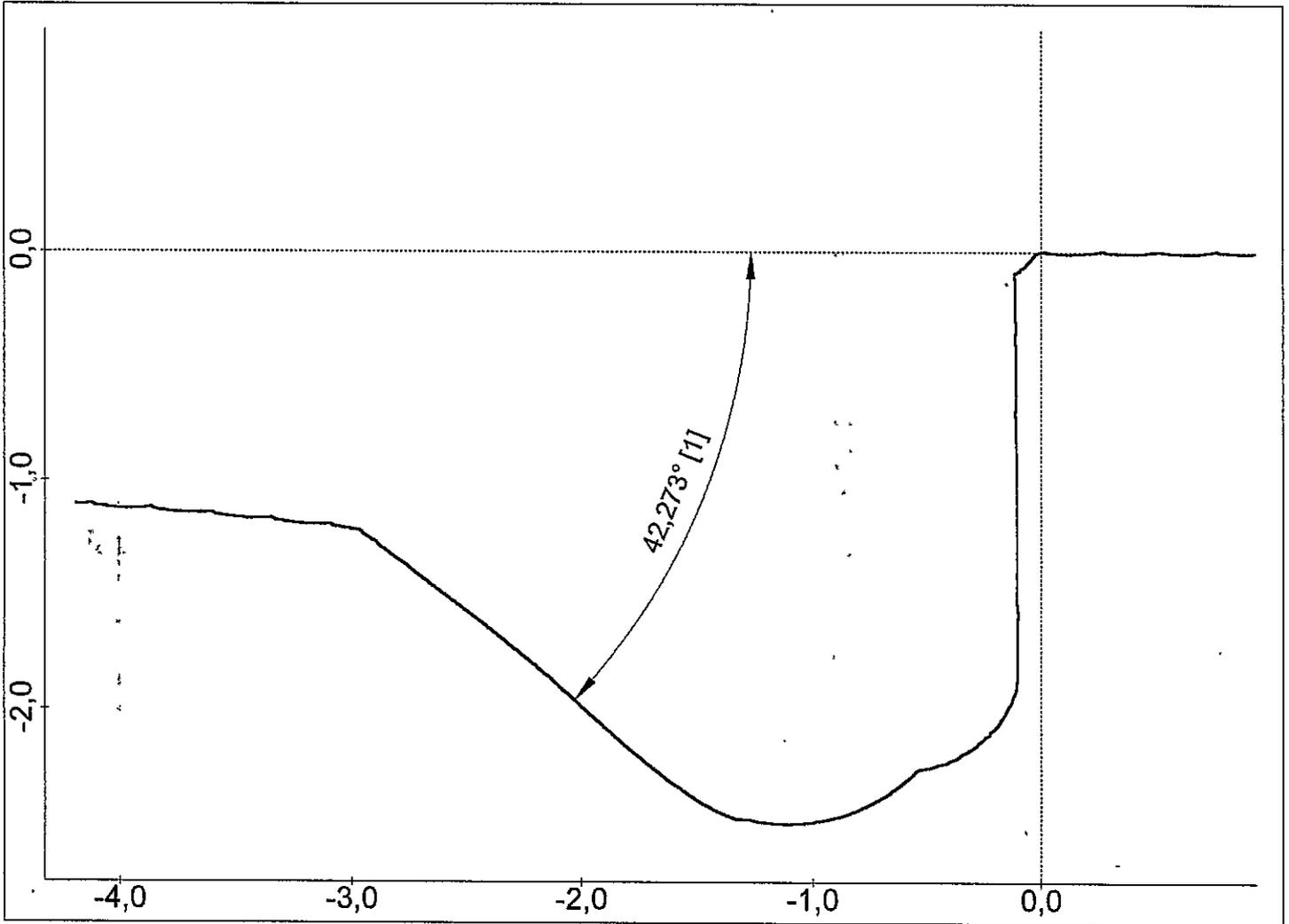
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Via dei Ciclamini 4, Modugno ( BA )

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Operatore: TURNO A  
Data, ora: 14.12.2016, 10:06  
Nota: PART X PZ N.3  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

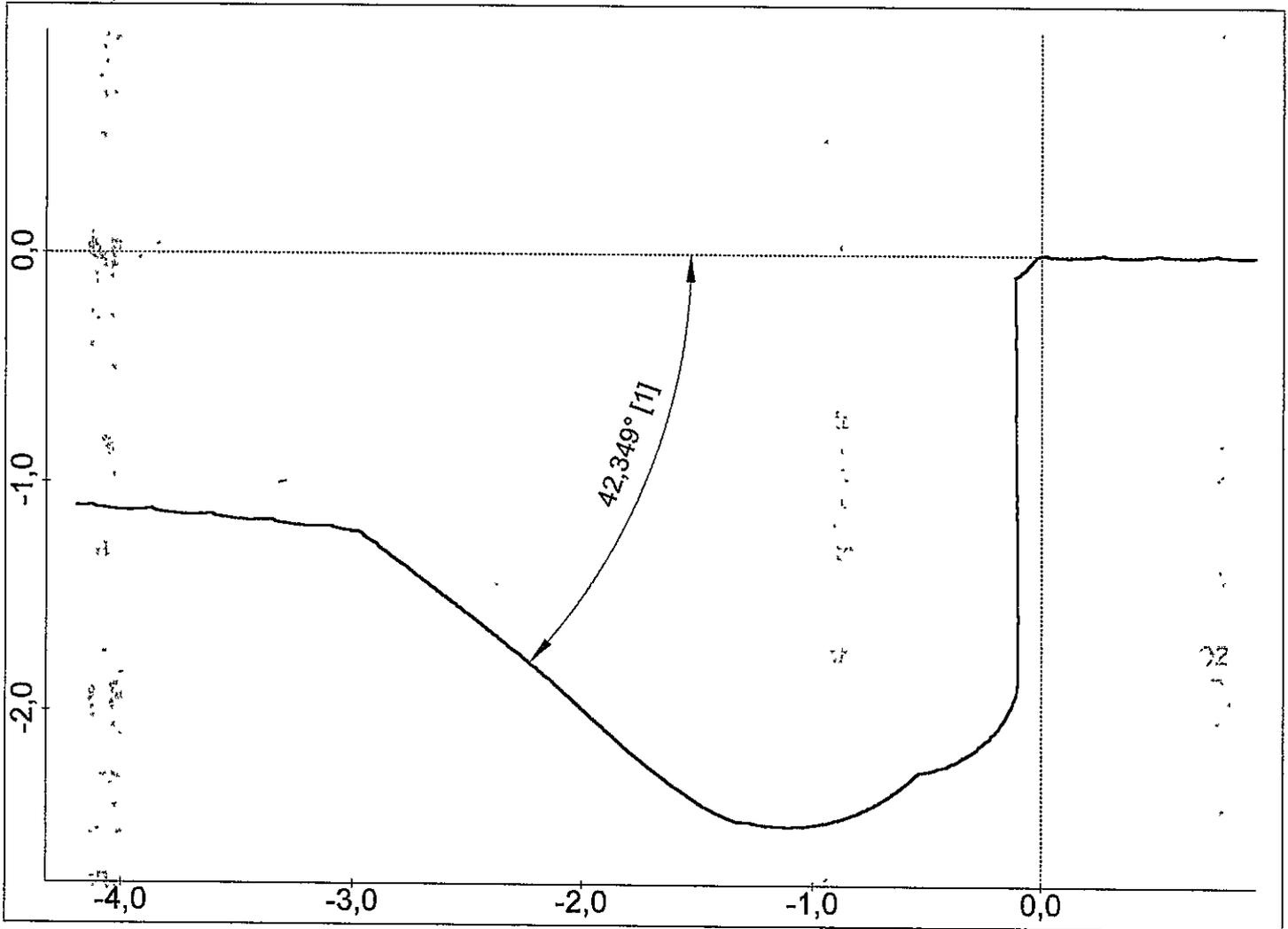
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N°BADGE ODP RICEVENTE

Via dei Ciclamini 4, Modugno ( BA )

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Operatore:	TURNO A
Data, ora:	14.12.2016, 10:06
Nota:	PART X PZ N.4
Tastatore:	PCV 350 / 33 mm
Macchina:	MOA 416120 002



PERTHOMETER CONCEPT

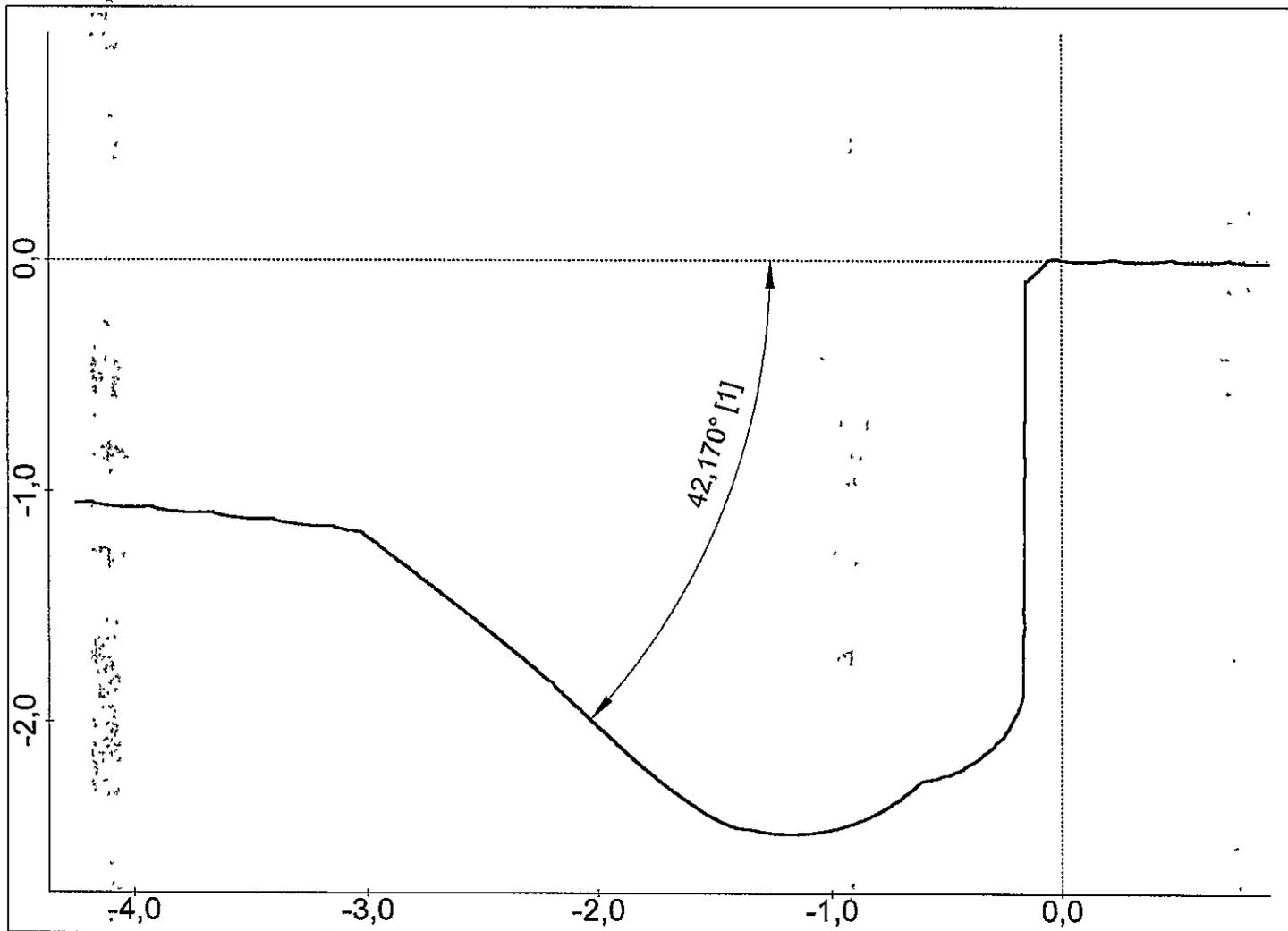
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Valutazione Profilo	
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NOK	<input type="checkbox"/>
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 10:06  
Nota: PART X PZ N.5  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

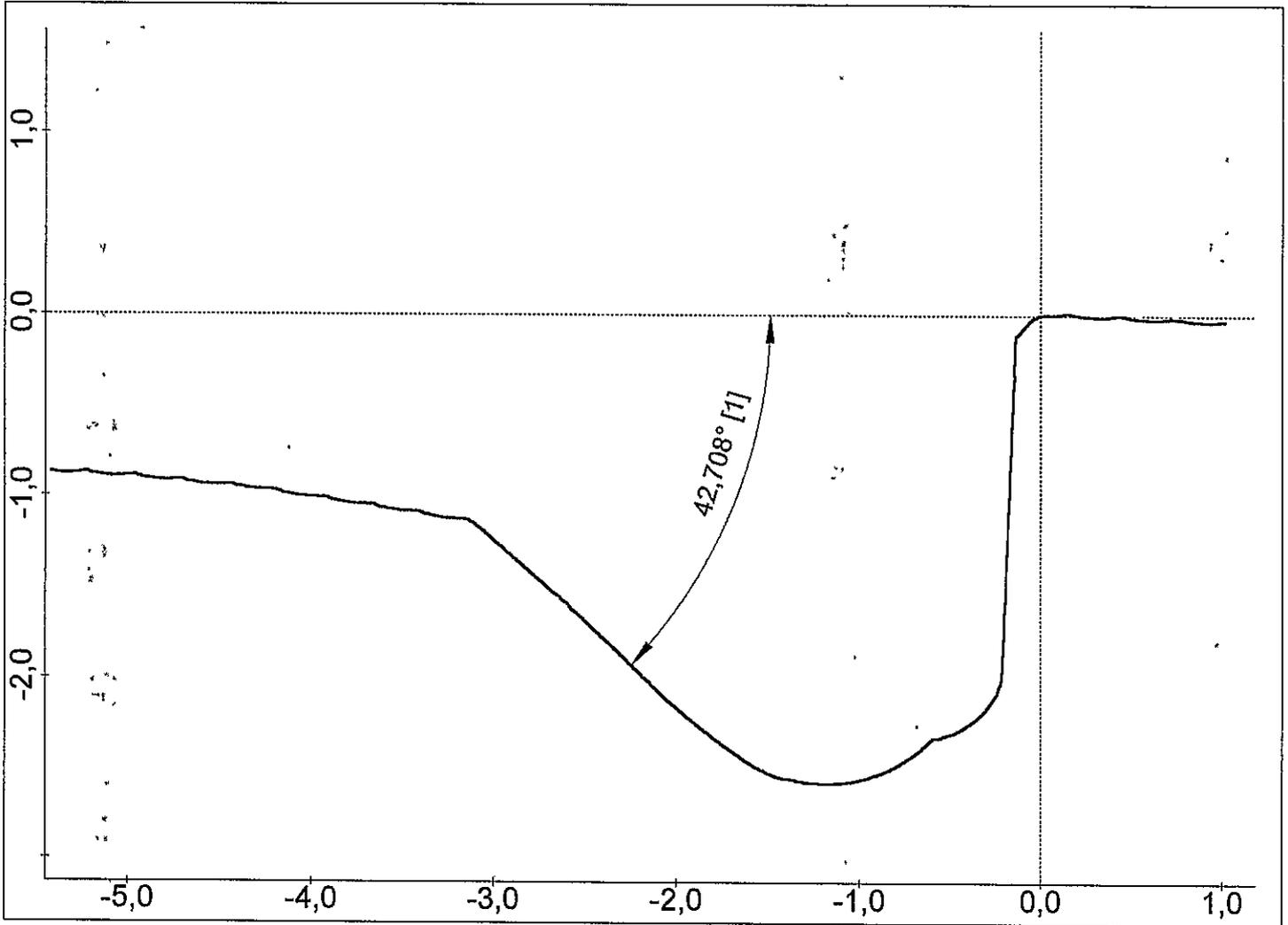
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Valutazione Profilo	
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NOK	<input type="checkbox"/>
N°BADGE ODP RICEVENTE	
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 09:41  
Nota: PART U PZ N.1  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

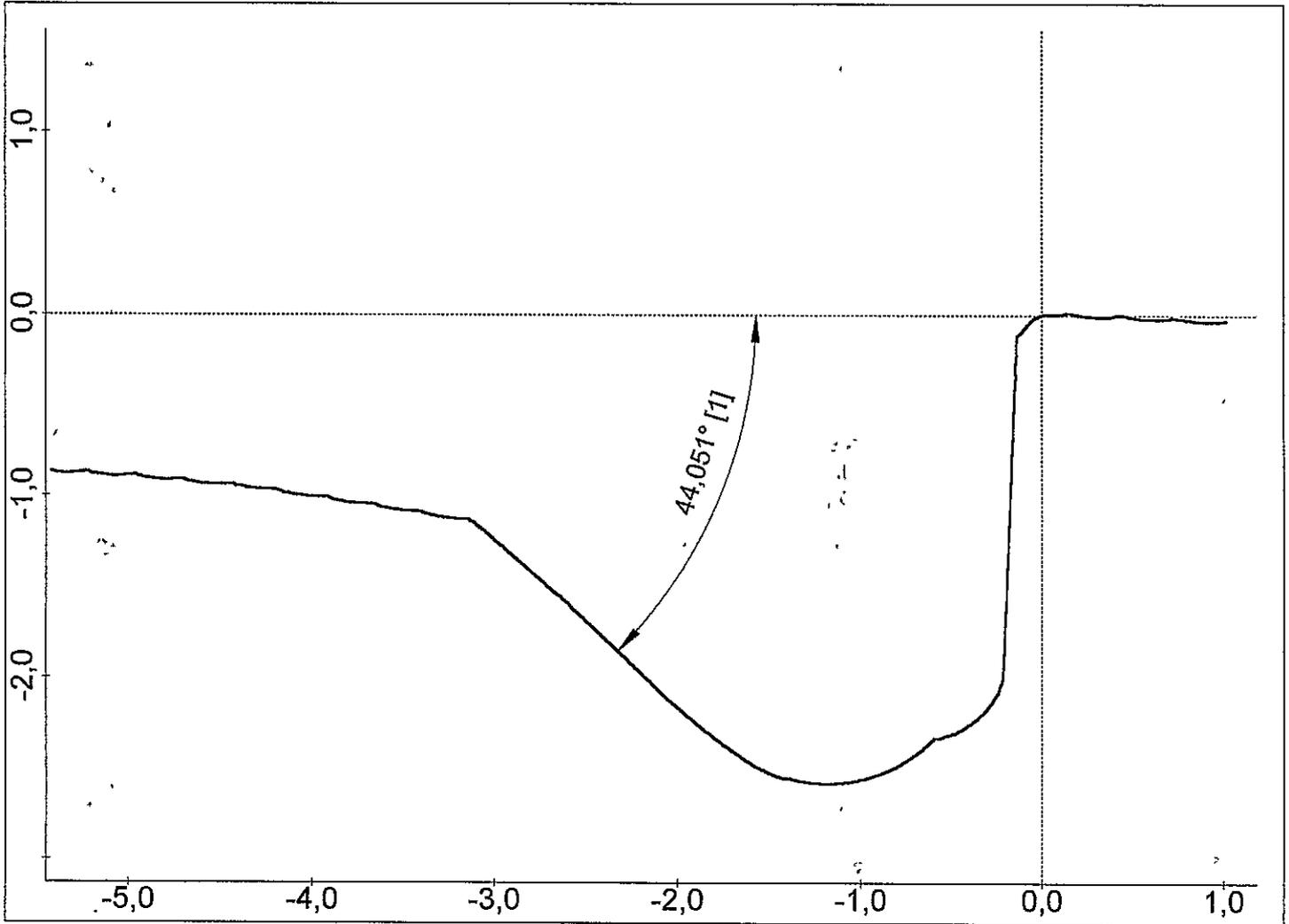
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
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Operatore: TURNO A  
Data, ora: 14.12.2016, 09:41  
Nota: PART U PZ N.2  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

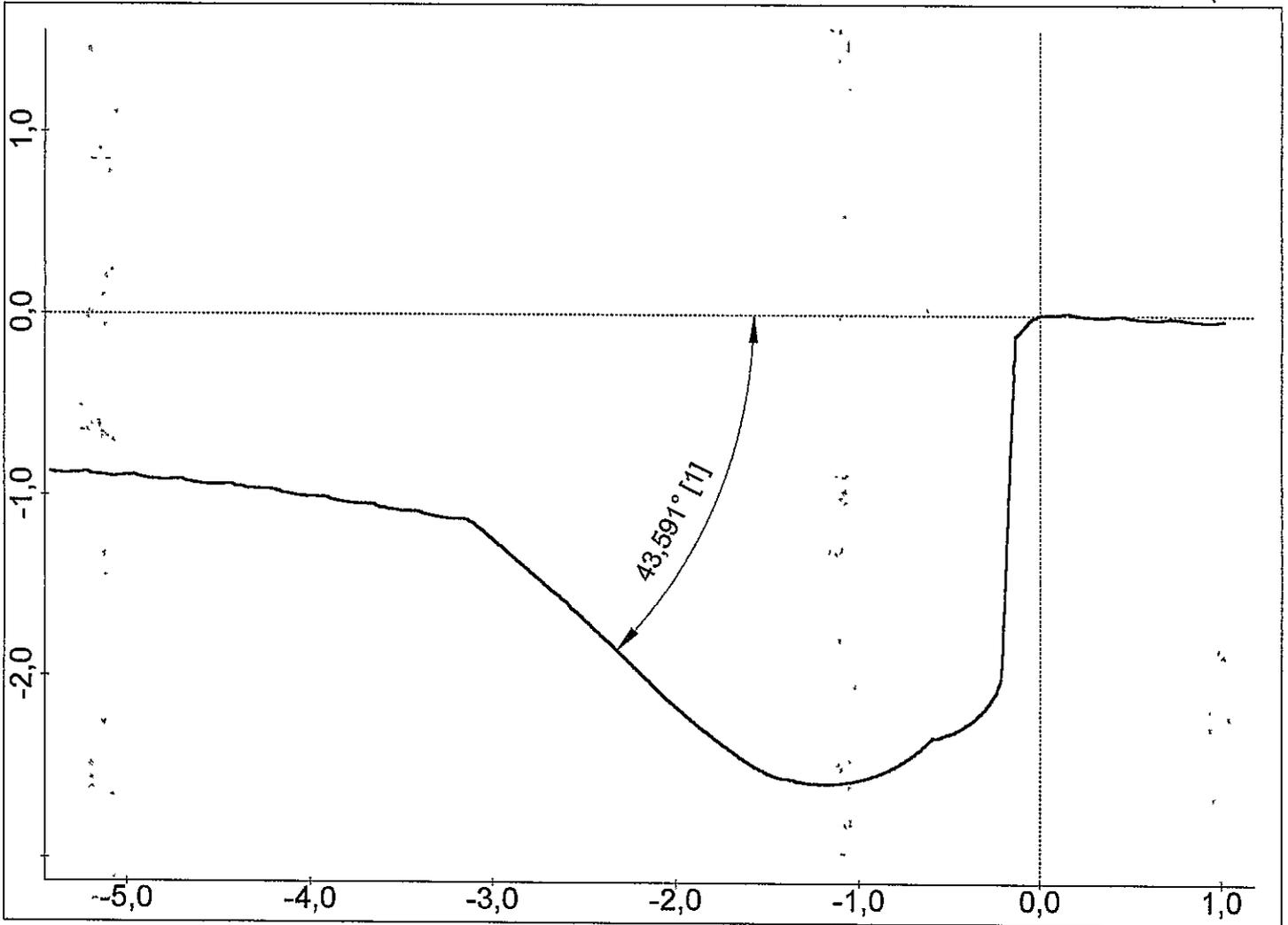
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
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Operatore: TURNO A  
Data, ora: 14.12.2016, 09:41  
Nota: PART U PZ N.3  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

NOK

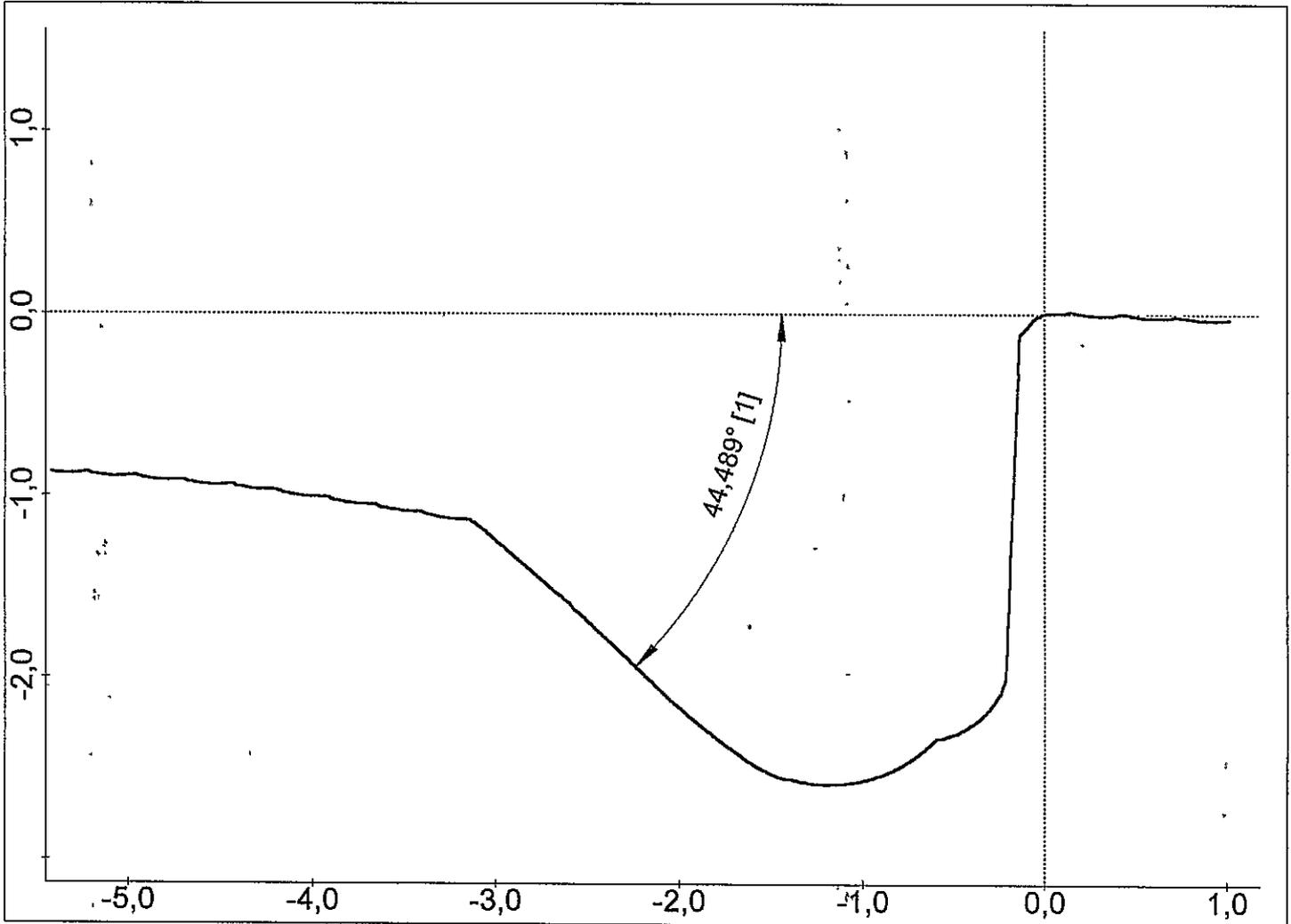
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Via dei Ciclamini 4, Modugno ( BA )

Oggetto: OS 1  
Numero: 3974  
Operatore: TURNO A  
Data, ora: 14.12.2016, 09:41  
Nota: PART U PZ N.4  
Tastatore: PCV 350 / 33 mm

Macchina: MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione

Valutazione Profilo

OK

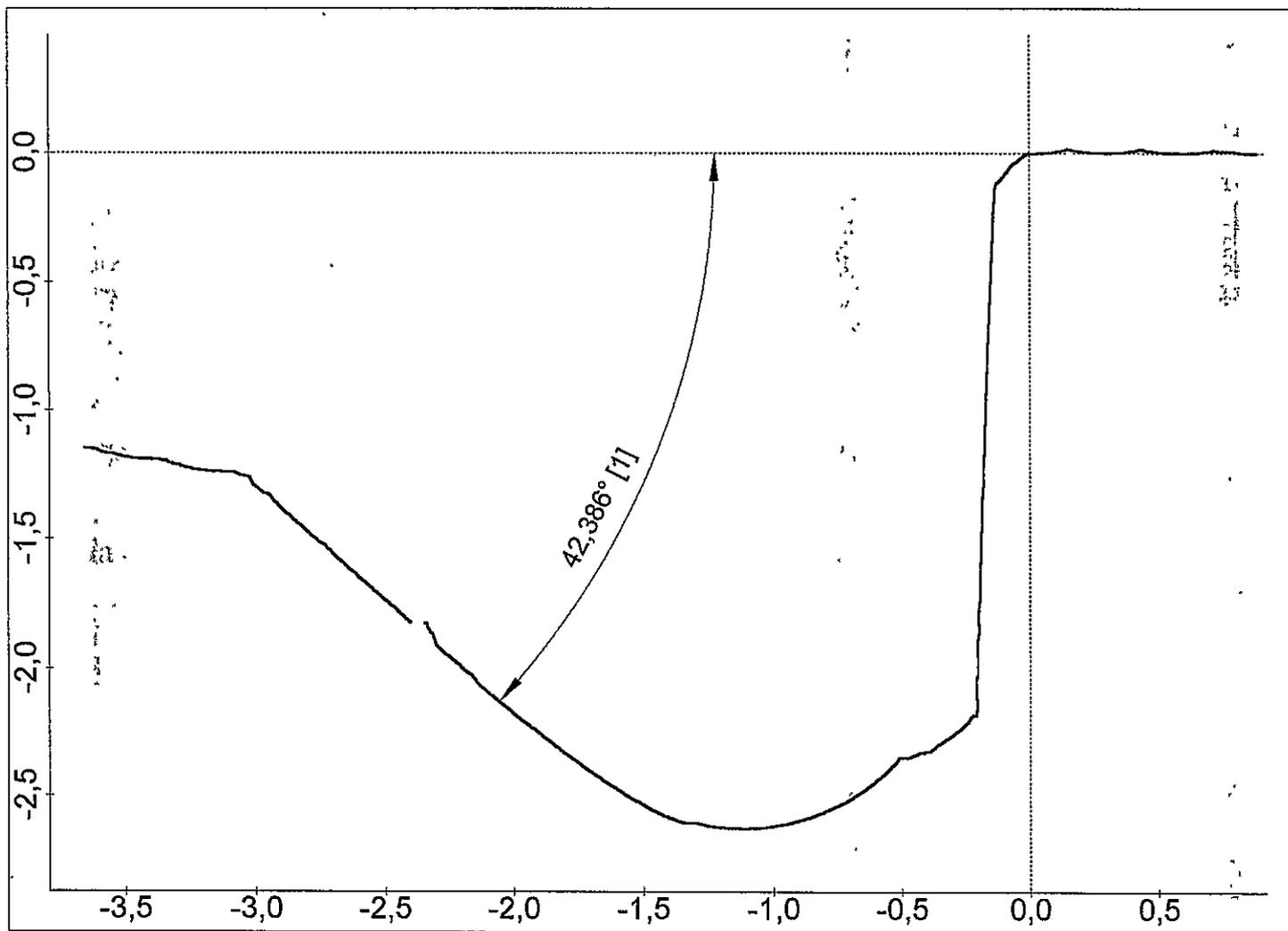
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N°BADGE ODP RICEVENTE



Via dei Ciclamini 4, Modugno ( BA )

Oggetto:	OS 1
Numero:	3974
Operatore:	TURNO A
Data, ora:	14.12.2016, 09:37
Nota:	PART U PZ N.5
Tastatore:	PCV 350 / 33 mm
Macchina:	MOA 416120 002



PERTHOMETER CONCEPT

Area Riservata alla Produzione	
Valutazione Profilo	
OK	<input type="checkbox"/>
NOK	<input type="checkbox"/>
N°BADGE ODP RICEVENTE	
<input type="text"/>	

Drawing 3974.35 update from index "c" to "d"

Short description:	d	8x	0006614.NIP..1	VIEW W: 33°±.3° wpr/WAS 35°±.3°; 38°±.3° und/AND 0.4±0.1 neu/NEW VIEW T: 33°±.3° wpr/WAS 35°±.3°; 38°±.3° und/AND 0.4±0.1 neu/NEW VIEW X: 45°±.3° wpr/WAS (15°); VIEW U: 45°±.3° wpr/WAS (15°)	20161109
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PPAP Requirements		Required	Note
1	Design Records	Yes	
2	Authorized Engineering change documents	Yes	see dwg
3	Customer Engineering approval	n.a.	
4	DFMEA	NO	
5	Process flow diagram(s)	NO	
6	PFMEA	Yes	
7	Control plan	Yes	
8	Measurement system analysis studies	NO	
9	Dimensional results	NO	
10	Records of Material / Performance test results	NO	
11	Initial process studies	NO	
12	Qualified laboratory documentation	NO	
13	Appearance Approval Report (A.A.R.)	n.a.	
14	Sample Production Parts	Yes	
15	Master sample	Yes	
16	Checking aids	n.a.	
17	Customer-Specific Requirements	NO	
18	Part Submission Warrant (PSW)	Yes	

PPAP Docs updated
OK
OK
OK
OK
OK
OK
OK

Other requirements			
1	PSW Raw part	NO	
2	PSW E.P. part	NO	
3	PSW Engagement Rings	NO	


Part Name <b>Output Shaft 1</b>	Customer Part Number <b>250.6.3973.35</b>
Shown on Drawing No. <b>250.6.3973.35</b>	Organization Part # _____
Engineering Change Level <b>e C006614_MIP_1</b>	Dated <b>09-nov-16</b>
Additional Engineering Changes _____	Dated _____
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. _____ Weight (kg) <b>1.948</b>
Checking Aid No. _____	Checking Aid Engineering Change Level _____ Dated _____

<b>ORGANIZATION MANUFACTURING INFORMATION</b>	<b>CUSTOMER SUBMITTAL INFORMATION</b>
<b>GETRAG MODUGNO</b>	
Organization Name & Supplier/Vendor Code _____	Customer Name/Division _____
<b>VIA DEI CICLAMINI N°4</b>	Buyer/Buyer Code _____
Street Address _____	<b>DCT250</b>
<b>MODUGNO BARI 70026 ITALY</b>	Application _____
City Region Postal Code Country	

**MATERIALS REPORTING**

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 Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material and 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**

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 2000 / 24 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.

**EXPLANATION / COMMENTS: Change on angle and chamfer of grooves in details W, T, X, U**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

Organization Authorized Signature \_\_\_\_\_ Date **14-dic-16**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

Part Warrant Disposition:  Approved  Rejected  Other \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date **14.12.16**

Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_

Part Name <b>Output Shaft 1</b>		Customer Part Number <b>250.6.3975.35</b>	
Shown on Drawing No. <b>250.6.3975.35</b>		Organization Part # _____	
Engineering Change Level <b>e C006614_MIP_1</b>		Dated <b>09-nov-16</b>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	
Checking Aid No. _____		Weight (kg) <b>2.078</b>	
Checking Aid Engineering Change Level _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>GETRAG MODUGNO</b>		Customer Name/Division _____	
Organization Name & Supplier/Vendor Code _____		Buyer/Buyer Code _____	
<b>VIA DEI CICLAMINI N°4</b>		<b>DCT250</b>	
Street Address _____		Application _____	
<b>MODUGNO BARI</b>	<b>70026</b>	<b>ITALY</b>	
City	Region	Postal Code	Country
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported? Submitted by IMDS or other customer format:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
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 checked="" 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 (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 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 _____			
<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>2000</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 this declaration below.			
EXPLANATION / COMMENTS: <b>Change on angle and chamfer of grooves in details W, T, X, U</b>			
Is each Customer Tool properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Organization Authorized Signature _____		Date <b>14-dic-16</b>	
Print Name <b>Camarda Ettore</b>		Phone No. <b>tel 390805858220</b>	
Title <b>Area 1 Manager</b>		Fax No. _____	
		E-mail <b>ettore.camarda@magna.com</b>	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>			
Part Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other			
Customer Signature _____		Date <b>14.12.16</b>	
Print Name _____		Customer Tracking Number (optional) _____	

Part Name <b>Output Shaft 1</b>		Customer Part Number <b>250.6.4305.35</b>	
Shown on Drawing No. <b>250.6.4305.35</b>		Organization Part # _____	
Engineering Change Level <b>f C006614_MIP_1</b>		Dated <b>08-nov-16</b>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	
		Weight (kg) <b>1.970</b>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____	
		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>GETRAG MODUGNO</b>			
Organization Name & Supplier/Vendor Code _____		Customer Name Division _____	
<b>VIA DEI CICLAMINI N°4</b>			
Street Address _____		Buyer/Buyer Code _____	
<b>MODUGNO BARI</b>	<b>70026</b>	<b>ITALY</b>	
City	Region	Postal Code	Country
		<b>DCT250</b>	
		Application _____	
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported? Submitted by IMDS or other customer format:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> n/a	
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 checked="" 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 (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 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 _____			
<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>2000</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 this declaration below.			
<b>EXPLANATION / COMMENTS: Change on angle and chamfer of grooves in details W, T, X, U</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 <b>14-dic-16</b>	
Print Name <b>Camarda Ettore</b>		Phone No. <b>tel 390805858220</b>	
Title <b>Area 1 Manager</b>		Fax No. _____	
		E-mail <b>ettore.camarda@magna.com</b>	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>			
Part Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other			
Customer Signature _____		Date <b>14.12.16</b>	
Print Name _____		Customer Tracking Number (optional) _____	

Part Name	<b>Output Shaft 1</b>	Customer Part Number	<b>250.6.4307.35</b>
Shown on Drawing No.	<b>250.6.4307.35</b>	Organization Part #	
Engineering Change Level	<b>h C006614_MIP_1</b>	Dated	<b>08-nov-16</b>
Additional Engineering Changes		Dated	
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No.	
Weight (kg)			<b>2.063</b>
Checking Aid No.		Checking Aid Engineering Change Level	
Dated			

ORGANIZATION MANUFACTURING INFORMATION				CUSTOMER SUBMITTAL INFORMATION	
<b>GETRAG MODUGNO</b>					
Organization Name & Supplier/Vendor Code				Customer Name/Division	
<b>VIA DEI CICLAMINI N°4</b>					
Street Address				Buyer/Buyer Code	
<b>MODUGNO BARI</b>	<b>70026</b>	<b>ITALY</b>	<b>DCT250</b>		
City	Region	Postal Code	Application		

**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  
Submitted by IMDS or other customer format:  Yes  No  n/a

Are polymeric parts identified with appropriate ISO marking codes?  
 Yes  No  n/a

**REASON FOR SUBMISSION** (Check at least one)

<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material
<input checked="" 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

**REQUESTED SUBMISSION LEVEL** (Check 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 organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material and 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**

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 2000 / 24 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.

**EXPLANATION / COMMENTS:** **Change on angle and chamfer of grooves in details W, T, X, U**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

Organization Authorized Signature \_\_\_\_\_ Date **14-dic-16**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature \_\_\_\_\_ Date **14.12.16**

Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_

Part Name <b>Output Shaft 1</b>	Customer Part Number <b>250.6.4316.35</b>
Shown on Drawing No. <b>250.6.4316.35</b>	Organization Part # _____
Engineering Change Level <b>g C006614_MIP_1</b>	Dated <b>08-nov-16</b>
Additional Engineering Changes _____	Dated _____
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. _____ Weight (kg) <b>1.970</b>
Checking Aid No. _____	Checking Aid Engineering Change Level _____ Dated _____

<b>ORGANIZATION MANUFACTURING INFORMATION</b>	<b>CUSTOMER SUBMITTAL INFORMATION</b>
<b>GETRAG MODUGNO</b>	
Organization Name & Supplier/Vendor Code <b>VIA DEI CICLAMINI N°4</b>	Customer Name/Division
Street Address <b>MODUGNO BARI 70026 ITALY</b>	Buyer/Buyer Code <b>DCT250</b>
City Region Postal Code Country	Application

**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  Yes  No  n/a  
Submitted by IMDS or other customer format: \_\_\_\_\_

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

**REASON FOR SUBMISSION (Check at least one)**

<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material
<input checked="" 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

**REQUESTED SUBMISSION LEVEL (Check 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 organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material and 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**

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 2000 / 24 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.

**EXPLANATION / COMMENTS: Change on angle and chamfer of grooves in details W, T, X, U**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

Organization Authorized Signature Date **14-dic-16**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature Date **14-12-16**

Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_

Part Name <b>Output Shaft 1</b>		Customer Part Number <b>250.6.3976.35</b>	
Shown on Drawing No. <b>250.6.3976.35</b>		Organization Part # _____	
Engineering Change Level <b>e C006614_MIP_1</b>		Dated <b>09-nov-16</b>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. _____	Weight (kg) <b>1.912</b>	
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____	

<b>ORGANIZATION MANUFACTURING INFORMATION</b>  <b>GETRAG MODUGNO</b>  Organization Name & Supplier/Vendor Code <b>VIA DEI CICLAMINI N°4</b> Street Address <b>MODUGNO BARI 70026 ITALY</b> City Region Postal Code Country	<b>CUSTOMER SUBMITTAL INFORMATION</b>  Customer Name/Division  Buyer/Buyer Code <b>DCT250</b> Application
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**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  Yes  No  n/a  
 Submitted by IMDS or other customer format: \_\_\_\_\_

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

**REASON FOR SUBMISSION (Check at least one)**

<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material
<input checked="" 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

**REQUESTED SUBMISSION LEVEL (Check 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 organization's manufacturing location.

**SUBMISSION RESULTS**

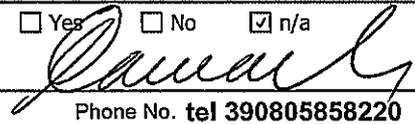
The results for  dimensional measurements  material and functional tests  appearance criteria  statistical process package  
 These results meet all drawing and specification requirements:  Yes  NO (If "NO" - Explanation Required)  
 Mold / Cavity / Production Process \_\_\_\_\_

**DECLARATION**

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 2000 / 24 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.

**EXPLANATION / COMMENTS: Change on angle and chamfer of grooves in details W, T, X, U**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

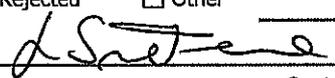
Organization Authorized Signature  Date **14-dic-16**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

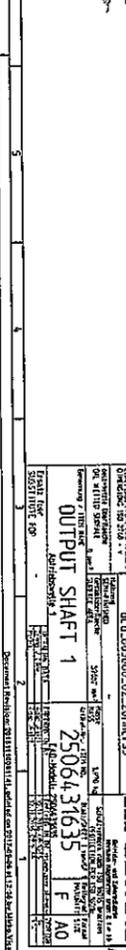
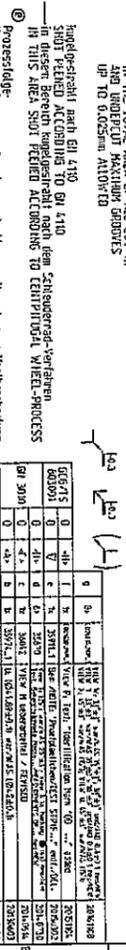
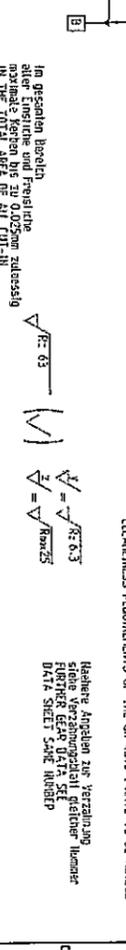
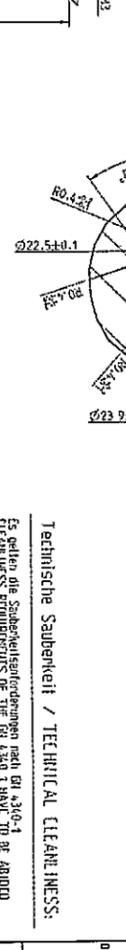
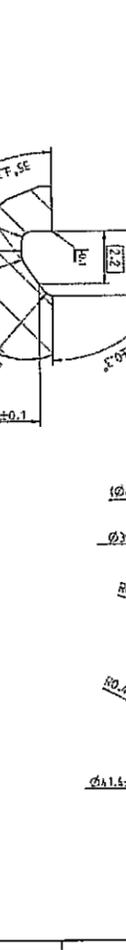
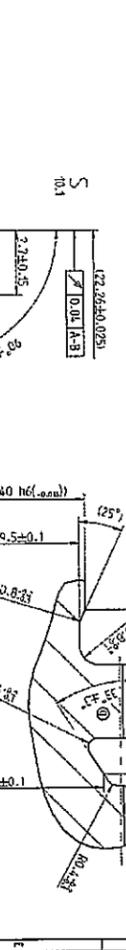
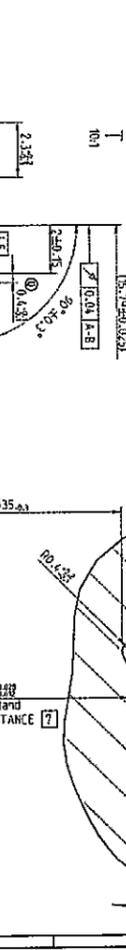
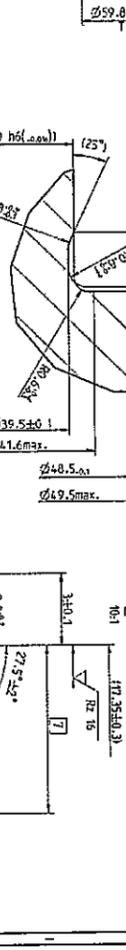
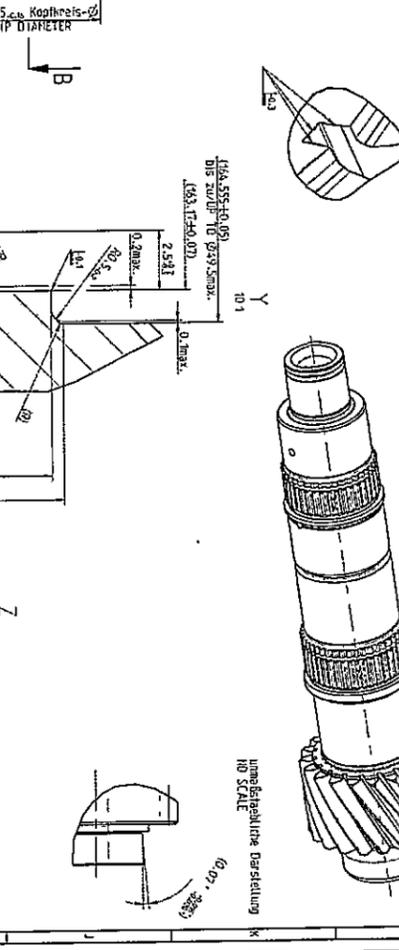
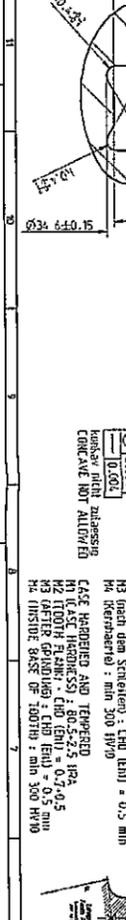
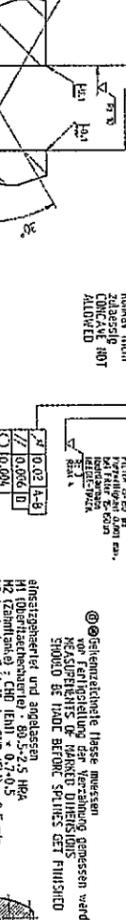
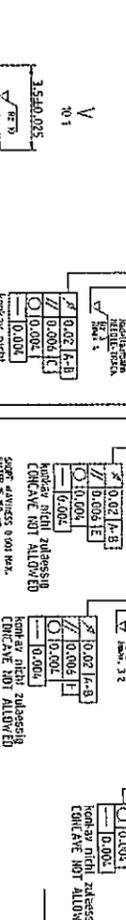
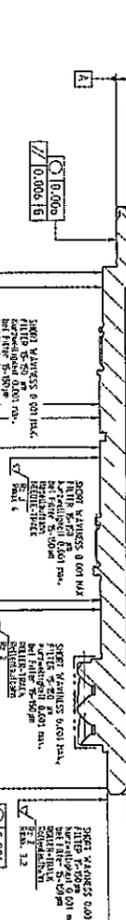
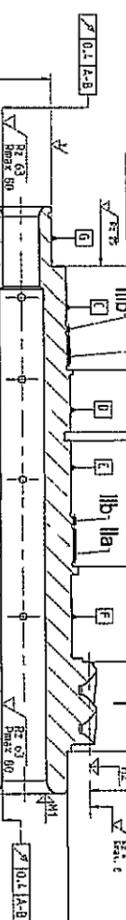
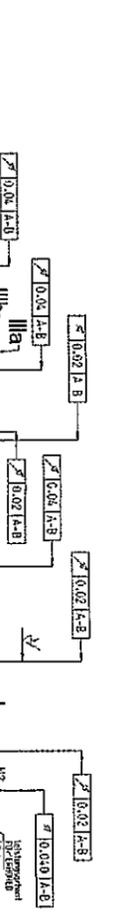
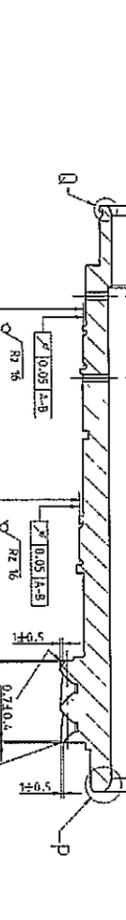
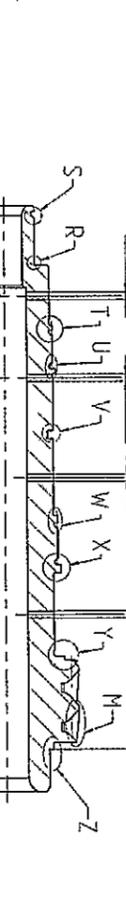
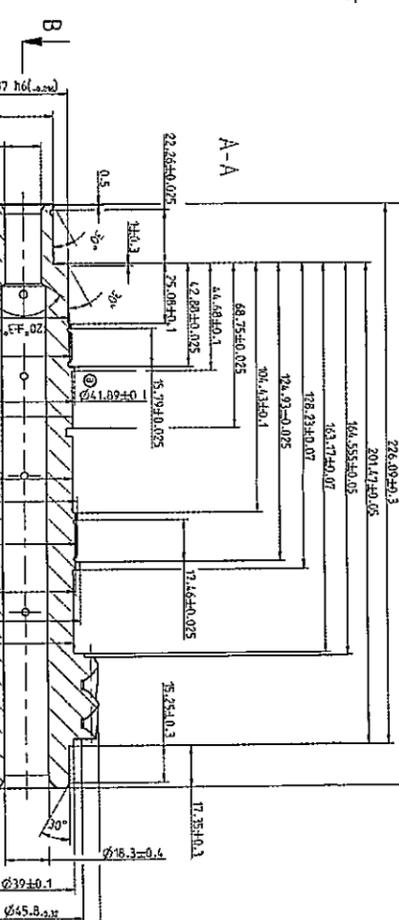
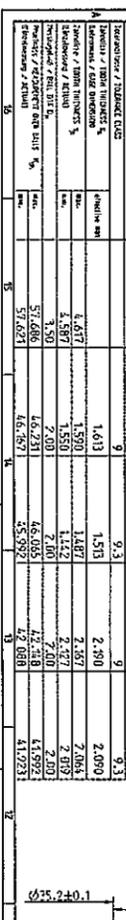
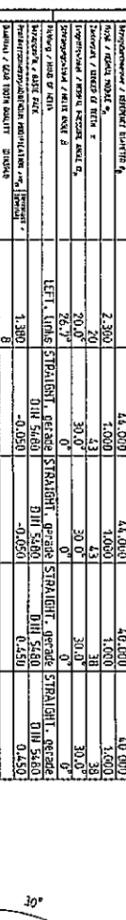
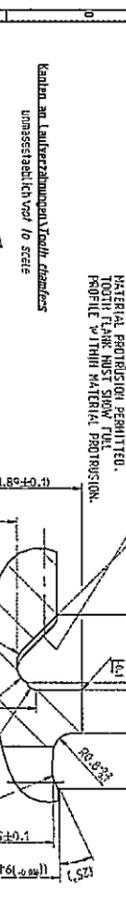
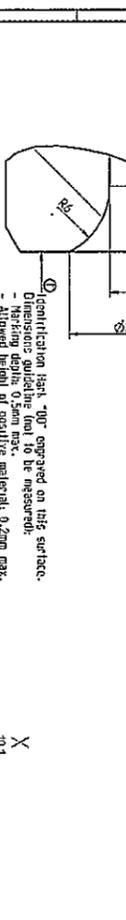
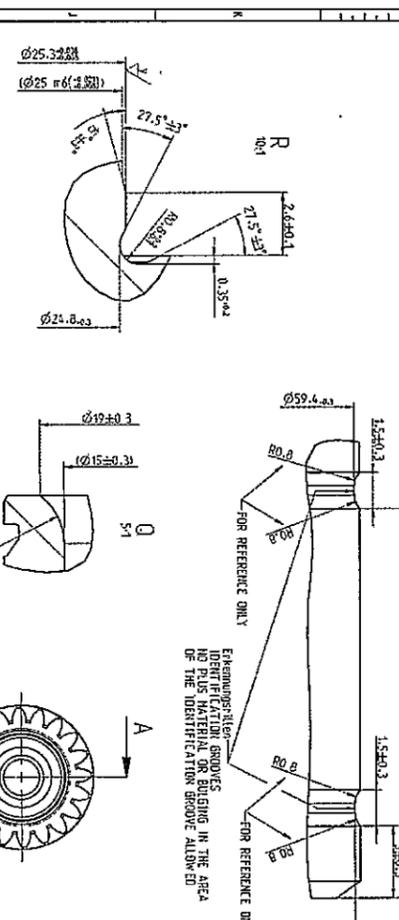
**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature  Date **14.12.16**

Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_





Item	Part Name	Material	Quantity	Notes
1	Output Shaft 1	St 50	1	
2	Key	Al 7075	1	
3	Washer	St 50	1	
4	Nut	St 50	1	
5	Washer	St 50	1	
6	Nut	St 50	1	
7	Washer	St 50	1	
8	Nut	St 50	1	
9	Washer	St 50	1	
10	Nut	St 50	1	
11	Washer	St 50	1	
12	Nut	St 50	1	
13	Washer	St 50	1	
14	Nut	St 50	1	
15	Washer	St 50	1	
16	Nut	St 50	1	
17	Washer	St 50	1	
18	Nut	St 50	1	
19	Washer	St 50	1	
20	Nut	St 50	1	
21	Washer	St 50	1	
22	Nut	St 50	1	
23	Washer	St 50	1	
24	Nut	St 50	1	
25	Washer	St 50	1	
26	Nut	St 50	1	
27	Washer	St 50	1	
28	Nut	St 50	1	
29	Washer	St 50	1	
30	Nut	St 50	1	
31	Washer	St 50	1	
32	Nut	St 50	1	
33	Washer	St 50	1	
34	Nut	St 50	1	
35	Washer	St 50	1	
36	Nut	St 50	1	
37	Washer	St 50	1	
38	Nut	St 50	1	
39	Washer	St 50	1	
40	Nut	St 50	1	
41	Washer	St 50	1	
42	Nut	St 50	1	
43	Washer	St 50	1	
44	Nut	St 50	1	
45	Washer	St 50	1	
46	Nut	St 50	1	
47	Washer	St 50	1	
48	Nut	St 50	1	
49	Washer	St 50	1	
50	Nut	St 50	1	

**Technische Sauberkeit / TECHNICAL CLEANLINESS:**  
 Es gelten die Sauberkeitsanforderungen nach DIN 4301-1  
 CLEANLINESS REQUIREMENTS OF THE DIN 4301 PART 1 HAVE TO BE ADMIRED

**Relevante Angaben zur Verbindung:**  
 RELEVANT DATA FOR THE CONNECTION:  
 FRICTION COEFFICIENT:  $\mu = 0.15$   
 DATA SHEET: SAME NUMBER

**Prozesshinweise:**  
 PROCESS NOTES:  
 1. Die Fertigung ist nach DIN 4102 zu planen.  
 2. Die Fertigung ist nach DIN 4102 zu planen.  
 3. Die Fertigung ist nach DIN 4102 zu planen.  
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 50. Die Fertigung ist nach DIN 4102 zu planen.









