

310481

Part Submission Warrant

Part Name <u>CLUTCH HOUSING</u>		Cust. Part Number <u>2500332190</u>	
Shown on Drawing No. <u>2500332190</u>		Org. Part Number _____	
Engineering Change Level <u>C003053_CP_1</u>		Dated <u>26. Feb 16</u>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	
Weight (kg) _____		Dated _____	
Checking Aid No. _____		Checking Aid Engineering Change Level _____	
Dated _____		Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>DGH Hof GmbH & Co. KG</u>		<u>DGH Heidenau GmbH & Co. KG</u>	
Organization Name & Supplier/Vendor Code		Customer Name/Division	
<u>Ferdinand - Porsche - Str. 11</u>		<u>P. Zug</u>	
Street Address		Buyer/Buyer Code	
<u>Hof</u>	<u>Bavaria</u>	<u>95028</u>	<u>DE</u>
City	Region	Postal Code	Country
<u>Purchase</u>		<u>Purchase</u>	
Application		Application	
MATERIALS REPORTING			
Has customer-required Substances of Concern information been reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS or other customer format: <u>IMDS-No. 522517485</u>			
Are polymer parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input type="checkbox"/> Initial Submission		<input checked="" type="checkbox"/> Change to Optional Construction or Material	
<input type="checkbox"/> Engineering Change(s)		<input type="checkbox"/> Supplier or Material Source Change	
<input checked="" 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 below	
REQUESTED SUBMISSION LEVEL (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.			
SUBMISSION RESULTS			
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>DIE NUMBER : 7176</u>			
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 <u>170 / 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 the declaration below.			
EXPLANATION/COMMENTS: <u>Bemusterung Form 2 gegossen auf DGM H2000B</u>			
Is each Customer Tool properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature <u>I.A.</u>		Date <u>14. Apr 16</u>	
Print Name <u>Th. Strunz</u>		Phone No. <u>09281 1440-566</u>	
Title <u>QM</u>		Fax No. <u>09281 1440-301</u>	
E-mail <u>t.strunz@dghof.de</u>			
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
Part Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other <u>Wertschöpfungskette der Probe bearbeitet</u>			
Customer Signature <u>I.A. Lips</u>		Date <u>15.04.2016</u>	
Print Name <u>LIPS</u>		Customer Tracking Number (optional) <u>#16-00382</u>	

based on CP3-1001 PPAP Version 4