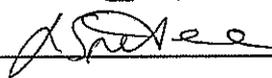


Part Name <b>CLUTCH HOUSING</b>		Customer Part Number <b>250.0.3532.20</b>	
Shown on Drawing No. <b>250.0.3532.20</b>		Organization Part # _____	
Engineering Change Level <b>Index (e)</b>		Dated <b>20/04/2015</b>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	
Checking Aid No. _____		Weight (kg) <b>8.7</b>	
Checking Aid Engineering Change Level _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>GETRAG MODUGNO</b>		<b>Getrag S.p.A.</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
Application		<b>TYP 250</b>	
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other customer format: _____			
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 checked="" 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 type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input checked="" 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 type="checkbox"/> dimensional measurements <input 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 type="checkbox"/> Yes <input type="checkbox"/> NO (If "NO" - Explanation Required)			
Mold / Cavity / Production Process <b>N/A</b>			
<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>3.5</u> / <u>1</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>Report T72270 : Add &lt;M&gt; characteristic to hole OD Ø 18.65 REMOVE PK POROSITY NOTES</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>23/04/2015</b>	
Print Name <b>Ettore Camarda</b>		Phone No. <b>080 5858690</b>	
Title <b>Area 1 Manager</b>		Fax No. <b>080 5858304</b>	
		E-mail <b>Ettore.Camarda@getrag.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>23/04/2015</b>	
Print Name _____		Customer Tracking Number (optional) _____	