

310/185



Part Submission Warrant

| | | | |
|---|--------|--|---------|
| Part Name CLUTCH HOUSING | | Customer Part Number 250.0.3321.10 | |
| Shown on Drawing No. 250.0.3321.10 | | Organization Part # _____ | |
| Engineering Change Level Final Index 'a' | | Dated 07/03/2016 | |
| Additional Engineering Changes _____ | | Dated _____ | |
| Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Purchase Order No. _____ | |
| Weight (kg) 9.2 | | Checking Aid No. _____ | |
| Checking Aid Engineering Change Level _____ | | Dated _____ | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| GETRAG MODUGNO | | Renault | |
| Organization Name & Supplier/Vendor Code | | Customer Name/Division | |
| VIA DEI CICLAMINI N°4 | | Renault | |
| Street Address | | Buyer/Buyer Code | |
| MODUGNO BARI 70026 ITALY | | TYP 250 | |
| City | Region | Postal Code | Country |
| MODUGNO | BARI | 70026 | ITALY |
| MATERIALS REPORTING | | Application | |
| 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 | |
| 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) | | | |
| <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. | | | |
| SUBMISSION RESULTS | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <u>6</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: Report T-72360 Note added, CAD-DASET 2016-02-26 was 2012-04-25, | | | |
| Porosity Spec drawing 2500951501 was 2500951500, no changes needed. | | | |
| 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 07/03/2016 | |
| Print Name Ettore Camarda | | Phone No. +39-392-9736780 | |
| Title Area1 Manager | | Fax No. 080 5858304 | |
| | | E-mail ettore.camarda@magna.com | |
| FOR CUSTOMER USE ONLY (IF APPLICABLE) | | | |
| Part Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other | | | |
| Customer Signature _____ | | Date 07.03.16 | |
| Print Name _____ | | Customer Tracking Number (optional) _____ | |