



# Part Submission Warrant

Part Name <b>CLUTCH HOUSING</b>		Customer Part Number <b>250.0.3548.00</b>	
Shown on Drawing No. <b>250.0.3548.00</b>		Organization Part # _____	
Engineering Change Level <b>3 Index (b)</b>		Dated <b>12-nov-12</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>9.2</b>	
Checking Aid Engineering Change Level _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>GETRAG MODUGNO</b>		<b>FORD</b>	
Organization Name & Supplier/Vendor Code		Customer Name/Division	
<b>VIA DEI CICLAMINI N°4</b>		<b>FORD</b>	
Street Address		Buyer/Buyer Code	
<b>MODUGNO BARI</b>	<b>70026</b>	<b>ITALY</b>	<b>TYP 250</b>
City	Region	Postal Code	Country
			Application
<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 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 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>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>CR 35813 ADD GROUP NUMBER NOTE</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>16-nov-12</b>	
Print Name <b>Vincenzo Pennacchia</b>		Phone No. <b>080 5858540</b>	
Title <b>GPS3 Leader</b>		Fax No. <b>080 5858304</b>	
_____		E-mail <b>vincenzo.pennacchia@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 <u>16.11.12</u>	
Print Name <u>Volker</u>		Customer Tracking Number (optional) _____	

Part Name <b>CLUTCH HOUSING</b>		Customer Part Number <b>250.0.3548.00</b>	
Shown on Drawing No. <b>250.0.3548.00</b>		Organization Part # _____	
Engineering Change Level <b>3 Index (a)</b>		Dated <b>20-lug-12</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>9.2</b>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____	
		Dated _____	

**ORGANIZATION MANUFACTURING INFORMATION**

**GETRAG MODUGNO**

Organization Name & Supplier/Vendor Code  
**VIA DEI CICLAMINI N°4**

Street Address  
**MODUGNO BARI 70026 ITALY**

City	Region	Postal Code	Country
MODUGNO	BARI	70026	ITALY

**CUSTOMER SUBMITTAL INFORMATION**

**FORD**

Customer Name/Division  
**FORD**

Buyer/Buyer Code  
**TYP 250**

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**

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EXPLANATION / COMMENTS: **CR 250/5292 General Specification: CAD Dataset from 2012-07-20 was 2011-11-03**  
(Raw part change: machining offset at CA1/CA2 1.0mm was 0.5mm )

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

Organization Authorized Signature \_\_\_\_\_ Date **27-lug-12**

Print Name **Vincenzo Pennacchia** Phone No. **080 5858540** Fax No. **080 5858304**

Title **GPS3 Leader** E-mail **vincenzo.pennacchia@getrag.com**

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

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature \_\_\_\_\_ Date **27-07-12**

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

Part Name	<b>CLUTCH HOUSING</b>	Customer Part Number	<b>250.0.3548.00</b>
Shown on Drawing No.	<b>250.0.3548.00</b>	Organization Part #	
Engineering Change Level	<b>3 Index (-)</b>	Dated	<b>21-feb-12</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>9.2</b>	Checking Aid No.	
Checking Aid Engineering Change Level		Dated	

**ORGANIZATION MANUFACTURING INFORMATION**

**GETRAG MODUGNO**

Organization Name & Supplier/Vendor Code

**VIA DEI CICLAMINI N°4**

Street Address

<b>MODUGNO BARI</b>	<b>70026</b>	<b>ITALY</b>
City	Region	Postal Code
		Country

**CUSTOMER SUBMITTAL INFORMATION**

**FORD**

Customer Name/Division

**FORD**

Buyer/Buyer Code

**TYP 250**

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

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**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)

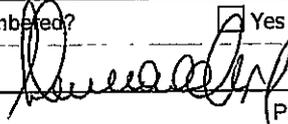
Mold / Cavity / Production Process

**DECLARATION**

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**EXPLANATION / COMMENTS: First Submission PPAP - SRGA 68511 required to cover machine capability unstable.**

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

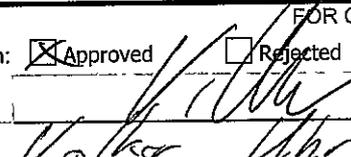
Organization Authorized Signature  Date

Print Name **Vincenzo Pennacchia** Phone No. **080 5858540** Fax No. **080 5858304**

Title **GPS3 Leader** E-mail **vincenzo.pennacchia@getrag.com**

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

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature  Date **05.02.12**

Print Name **Walker** Customer Tracking Number (optional)