



Phase and submission type
 Phase 1 Phase 2 Phase 3 Interim (Non-PPAP)

PPAP Submission Warrant

PART INFORMATION

Part Name _____ Adjuster _____ Cust. Part Number 55555-XXXX-XXXX-XX
 Shown on Drawing Number _____ Organization Part Number _____
 Engineering Change Level _____ Dated _____
 Additional Engineering Changes _____ Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. _____ Weight (kg) 0
 Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

Customer Driven Systems S103
 Organization Name and Supplier/vendor Code _____
 39555 Orchard Hill Place
 Street Address _____
 Novi MI 48375 USA
 City Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Customer Name/Division _____
 Buyer/Buyer Code _____
 Application _____

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No
 Submitted by IMDS or other customer format: _____
 If submitted by IMDS, enter Module ID number, version and date transmitted 0 _____
 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 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 supplier's manufacturing location.

SUBMISSION RESULTS

The results for dimensional measurements, material and functional tests appearance criteria statistical process package
 These results meet all design requirements Yes No. (If "No" - Explanation Required).
 Mold / Cavity / Production Process(es) _____

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of _____ q / _____ hours using _____ production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature _____ Print Name _____ Date _____
 Title _____ Phone No. _____ Fax: _____

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

Capacity Requirements

Source of the Program Approval requirements _____ Detail / Date _____
 Program Approval (<PA>) Requirements APW _____ MPW _____
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met Date _____

Source of the revised requirements after <PA> _____ Detail / Date _____
 Revised requirements after <PA> APW _____ MPW _____
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date _____

Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)

Good Parts per Week" APW, MPW and date APW _____ MPW _____ Date _____

Interi

Interim Status

(to be completed by the Organization)

Engineering _____
 Authorization Alert, Temp. PCM, TPD Number _____

Description: _____
 (Incomplete PPAP Requirements) _____

FOR FORD USE ONLY

PPAP		Non-PPAP	
Phased PPAP Warrant Status: <input type="radio"/> Approved <input type="radio"/> Rejected <input type="radio"/> Interim Accepted			
STA Signature	Date	Name	e-mail
P.D. Signature ^b	Date	Name	e-mail

a/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete

b/ P.D. signature for Priority suppliers on GPDS programs