



PPAP Submission Warrant Ref. No.

PART INFORMATION

Part Name _____ Cust. Part Number _____
 Shown on Drawing Number _____ Supplier Part Number _____
 Engineering Change Level _____ Dated _____
 Additional Engineering Changes _____ Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. _____ Weight (kg) _____
 Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

SUPPLIER MANUFACTURING INFORMATION

Supplier Name and Supplier/vendor Code _____
 Street Address _____
 City _____ Region _____ Postal code _____ Country _____

CUSTOMER SUBMITAL 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: _____
 Are polymeric parts identified with appropriate ISO marking codes? Yes No

REASON FOR SUBMISSION (Check at least one)

- Initial submission
- Engineering Change(s)
- Tooling: Transfer, Replacement, Refurbishment, or additional
- Correction of Discrepancy
- Tooling Inactive > than 1 year
- Change to Optional Construction or Material
- Supplier or Material Source Change
- Change in Part Processing
- Parts produced at Additional Location
- 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 measurement material & functional tests appearance criteria statistical process package
 These results meet all design requirements Yes No (If "No" - Explanation Required below).

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 (AIAG) requirements including all Methode-specific requirements. I further affirm that these samples were produced at the production conditions stated below. I also certify that documented evidence of such compliance is on file and is available for review.
 Production Rate: _____ / _____ hours using _____ production streams.

I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Is each Customer Tool properly tagged and numbered? Yes No N/a
 Organization Authorized Signature _____ Date _____
 Print Name _____ Tel. No. _____ Fax No. _____
 Title _____ Email _____

FOR METHODE USE ONLY


PPAP Warrant Status: Approved Rejected Other
 Customer Signature _____ Date _____
 Print Name _____ Tel. No. _____
 SQA Remarks: _____

Other indicates the part does not satisfy one or more PPAP requirements and is considered incomplete until all PPAP requirements are satisfied.

Instructions:

- All fields of this form are to be completed: either enter the appropriate value or enter "not applicable".
- Complete the form by either typing (preferred) or clearly printing the required information.

The Supplier shall retain the original copy of this document according to record retention requirements.

|  | | AAR - APPEARANCE APPROVAL REPORT | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------|------------------|--------------------------------------------------|------------------------|----------------------------------------------------|-----|---------------------------------------------|------------------------|-----------------------------------|-----------------|-------------------|-----|-----|-----|-----------|------|--------|-------|-------|-----|---------------------|-----|-----------------------|------------------|
| PART NUMBER | | | DRAWING NUMBER | | | | APPLICATION (VEHICLES) | | | | | | | | | | | | | | | | |
| PART DESCRIPTION | | | E/C LEVEL | | | | BUYER CODE | | | DATE | | | | | | | | | | | | | |
| SUPPLIER NAME | | | MANUFACTURING LOCATION | | | | SUPPLIER CODE | | | | | | | | | | | | | | | | |
| REASON FOR SUBMISSION | | <input type="checkbox"/> PART SUBMISSION WARRANT | | <input type="checkbox"/> SPECIAL SAMPLE | | <input type="checkbox"/> RE-SUBMISSION | | OTHER - specify below | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> PRE TEXTURE | | <input type="checkbox"/> FIRST PRODUCTION SHIPMENT | | <input type="checkbox"/> ENGINEERING CHANGE | | | | | | | | | | | | | | | | | |
| APPEARANCE EVALUATION | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLIER SOURCING AND TEXTURE INFORMATION | | | | | | PRE-TEXTURE EVALUATION | | CUSTOMER REPRESENTATIVE SIGNATURE | | DATE | | | | | | | | | | | | | |
| | | | | | | CORRECT AND PROCEED | | | | | | | | | | | | | | | | | |
| | | | | | | CORRECT AND RESUBMIT | | | | | | | | | | | | | | | | | |
| | | | | | | APPROVED TO TEXTURE | | | | | | | | | | | | | | | | | |
| COLOR EVALUATION | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR SUFFIX | TRISTIMULUS DATA | | | | | MASTER NUMBER | MASTER DATE | MATERIAL TYPE | MATERIAL SOURCE | HUE | | | | VALUE | | CHROMA | | GLOSS | | METALLIC BRILLIANCE | | COLOR SHIPPING SUFFIX | PART DISPOSITION |
| | DL* | Da* | Db* | DE* | CMC | | | | | RED | YEL | GRN | BLU | LIGHT | DARK | GRAY | CLEAN | HIGH | LOW | HIGH | LOW | | |
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| SUPPLIER ADDITIONAL NOTES (if necessary) | | | | | | | | | | CUSTOMER COMMENTS | | | | | | | | | | | | | |
| SUPPLIER REPRESENTATIVE | | | | | | PHONE No. | | CUSTOMER REPRESENTATIVE | | | | | | PHONE No. | | | | | | | | | |
| SIGNATURE | | | | | | DATE | | SIGNATURE | | | | | | DATE | | | | | | | | | |