



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

CUSTOMER SUBMITAL INFORMATION

Supplier Name and Supplier/vendor Code _____ Customer Name/Division _____
 Street Address _____ Buyer/Buyer Code _____
 City _____ Region _____ Postal code _____ Country _____ 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 Change to Optional Construction or Material
 Engineering Change(s) Supplier or Material Source Change
 Tooling: Transfer, Replacement, Refurbishment, or additional Change in Part Processing
 Correction of Discrepancy Parts produced at Additional Location
 Tooling Inactive > than 1 year 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:

1. All fields of this form are to be completed: either enter the appropriate value or enter "not applicable".
2. 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		
SUPPLIER ADDITIONAL NOTES (if necessary)										CUSTOMER COMMENTS													
SUPPLIER REPRESENTATIVE						PHONE No.		CUSTOMER REPRESENTATIVE						PHONE No.									
SIGNATURE						DATE		SIGNATURE						DATE									