

Company Name or logo

Product notification number (SAP) : 0
Process notification number (SAP) :

Part Submission Warrant - Element 18

Truck Industry

Document Rev.Level 3 1 Dated 0-Jan-00

DICV Part Name 1 Clutch hose DICV Part Number 2 A4004004000 Part ZGS (Rev) 5 1

DICV Drawing number 7 Supplier Part number 7a Sup.Rev.Level 7b

Tooling PO Number 4 Purchase Order No. 8 1 Weight (kg) 9 .0000

Additional Engineering Changes 6 Dated

Checking Aid Number 10 Engineering Change Level 11 Dated

ORGANIZATION MANUFACTURING INFORMATION

ABC 12 12345678
Organization Name Vendor code

xyxyxyxy 14
Street Address

Chennai Tamilnadu 600001
City State Zip

4E+07 abc@xyz.com
Supplier contact Supplier email

SUBMISSION INFORMATION

Daimler India Commercial Vehicle 13 SCMQ
Customer Name/Division

supplier 15 supplier@manager.com
Customer Contact Customer email

Rigid 16
Application

Note: Does this part contain any restricted or reportable substances? 17 Yes No

Are plastic parts identified with appropriate ISO marking codes? Yes No N/A

REASON FOR SUBMISSION 18

Initial submission Change to Optional Construction or Material

Engineering Change(s) Sub-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

REQUESTED SUBMISSION LEVEL (Check one) 19

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.

(check) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts and have been made to the applicable customer drawings and specifications and are made from specified materials on regular production tooling with no operations other than the regular production process. I also certify that documented evidence of such compliance is on file and available for review.

EXPLANATION/COMMENTS: 20

List Molds / Cavities / Production Processes 21

Organization Authorized Signature 22 Date

Print Name Phone No. Fax No.

Title E-Mail

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PPAP Warrant Disposition: Approved Rejected Interim Approval 24
Interim valid till : (dd/mm/yyyy)

Customer Signature Date

Print Name

Comment: 23

Completion of the Part Submission Warrant (PSW) – to be filled by Supplier

Part Information

0. **SAP notification number*:** Unique SAP notification number is generated for each part number, this is either provided in the Auto-Email generated after ‘P’ release for a part or will be provided by the SAP coordinator.
1. **DICV Part Name*:** Engineering released part name for which product release is done.
2. **DICV Part Number*:** Engineering released DICV part number. Per sign-off sheet only one part number.
3. **Document Revision Level*:** Please indicate “01” for 1st time PPAP and count from there on (“02”, “03” ...) in case re-PPAP is required but the reason falls under "others" as per the AIAG standard (e.g. in case of quality issues due to supplier parts).
4. **Tool Purchase Order number:** If applicable (tool is property of DICV).
5. **Part ZGS Level*:**Show DICV’s drawing ZGS level for which you have done PPAP & date of ZGS applicability.
6. **Additional Engineering Changes:** Include all authorized engineering change documents & approval dates not yet incorporated on the drawing but which are incorporated in the part.
7. **DICV drawing number:** The design record that specifies the drawing number being submitted (in case of assembly drawing).
 - 7a. In case of Proprietary parts or if Supplier drawing is used for DICV’s reference, the drawing number on Supplier’s drawing is to be mentioned
 - 7b. Supplier’s ZGS level is to be mentioned if (7a) condition is valid
8. **Purchase Order number:** Enter this number as found on the Series contract.
9. **Part Weight:** Enter actual weight in kilograms to four significant places.
10. **Checking aid number:** Enter checking aid number, if one is used for dimensional inspection. If more than one enter the annexure document name.
11. **Checking aids engineering change level & approval date:** if one is used for dimensional inspection. If more than one enter the annexure document name.

Organization Manufacturing Information

12. **Organization name & code*:** Show the supplier name and vendor code assigned to the manufacturing location on the Purchase Order.
13. **Organization manufacturing address*:** Show the complete address of the location where the product was manufactured.

Submission Information

14. **Customer Name/Division:** Show DICV name & division or operation group.
15. **Contact Name*:** Enter the name of your customer contact/ of the responsible DICV Supplier Manager.
16. **Application:** Enter the model / variants for which the part number is applicable, if known.
17. Check the appropriate box to indicate substances of concern/ISO marking reporting.

Reason for Submission*

18. Check the appropriate box. Add explanatory details in the “other” section.

Requested submission level

19. **Submission Level***: Identify the submission level requested by your customer.

Declaration

20. **Explanation/comments***: Provide any comments on the submission results or any deviations from the Declaration. Additional information may be attached.
21. **List Molds / Cavities / Production Processes**: Enter the number or code that identifies the specific mold, cavity, and /or production process used to manufacture the sample parts.
22. **Organization Authorized Signature***: A responsible organization official, after verifying that the results show conformance to all customer requirements and that all required documentation is available, shall approve the declaration and provide **Title, Phone Number, Fax Number, and E-mail address**.

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23. Leave blank, to be filled by DICV Supplier Manager and to be countersigned by respective L4.
24. **Interim approval check & validity date**: If Interim approval is selected, then it is mandatory to fill in the comments sections the reasons for Interim approval and a validity date upto which this sign off sheet will be in effect.

Directions:

After completion of the PSW, the responsible Supplier Manager should hand over the document to the DICV SAP coordinator for central storage & documentation.

* = all yellow marked numbers are **mandatory** fields and have to be filled out by the responsible DICV Supplier Manager.