



**J.W. SPEAKER SUPPLIER PRODUCT SUBMITTAL WARRANT**

J.W. SPEAKER PROJECT INFORMATION		SUPPLIER MANUFACTURING INFORMATION	
JWS Part Number	4451100P	Supplier Name	Accelerated Curing
Part Description	LENS, OUTER, LH, HC	Supplier Number	1200
Engineering Drawing Revision	C	Supplier Contact	Ronnie
Purchase Order		City	Portland
EP/ECN	2020-093	State	IN
JWS Sourcing Contact	Kim Best	Postal Code	47371
Date Requested	5/1/2023	PPAP Due Date	5/3/2023

**Reason for Submission**

<input checked="" type="checkbox"/>	Initial Submission	<input type="checkbox"/>	Change to Optional Construction or Material
<input type="checkbox"/>	Engineering Change	<input type="checkbox"/>	Sub-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 or discrepancy	<input type="checkbox"/>	Parts Produced at Additional Location
<input type="checkbox"/>	Tooling Inactive > 1 year	<input type="checkbox"/>	Other: Please Specify _____

**REQUESTED SUBMISSION LEVEL (Check One)**

<input type="checkbox"/>	<b>LEVEL 1</b>	Warrant Only-Signed warrant to acknowledge receipt of drawing revision that does not require sample submission
<input type="checkbox"/>	<b>LEVEL 2</b>	Level 1 plus production samples, 3 piece dimensional layout ( <i>per cavity</i> ), 30 piece capability study only for critical dimensions represented by $\diamond$ or $\bullet$ symbol Dimensional with Layout (Parts to be measured after paint, when applicable)-- <i>PER CAVITY</i> 30 piece capability study (Parts to be measured after paint, when applicable)-- <i>PER CAVITY</i>
<input checked="" type="checkbox"/>	<b>LEVEL 3</b>	Level 2 plus Requirements checked below:
<input type="checkbox"/>		Material Certifications
<input checked="" type="checkbox"/>		Process Flow
<input checked="" type="checkbox"/>		Control Plan
<input type="checkbox"/>		PFMEA
<input checked="" type="checkbox"/>		Cosmetic Validation Form
<input type="checkbox"/>		Secondary Operation Process Flow, Contro Plan, PFMEA (painter, etc)
<input type="checkbox"/>		Tooling Pictures
<input checked="" type="checkbox"/>		Packaging Plan
<input type="checkbox"/>		Salt Spray Test Results
<input type="checkbox"/>		Other Test Results (See comments section for specific tests required)
<input type="checkbox"/>	<b>LEVEL 4</b>	Level 3 plus any other requirements defined on the JWS Purchase Order or noted in comments section below

Comments: \_\_\_\_\_

**SUBMISSION RESULTS:** Results are included for items checked below:

<input checked="" type="checkbox"/>	Dimensional Layout	<input type="checkbox"/>	PFMEA	<input type="checkbox"/>	Secondary Operation Control Plan (painter, plater, etc)
<input checked="" type="checkbox"/>	30pc Capability Study	<input type="checkbox"/>	Cosmetic Validation	<input type="checkbox"/>	Secondary Operation Proces Flow (painter, plater, etc)
<input type="checkbox"/>	Material Certifications	<input type="checkbox"/>	Tooling Pictures	<input type="checkbox"/>	Secondary Operation PFMEA (painter, plater, etc)
<input checked="" type="checkbox"/>	Process Flow	<input checked="" type="checkbox"/>	Packaging Plan	<input type="checkbox"/>	Other Test Results (see comments section)
<input checked="" type="checkbox"/>	Control Plan	<input type="checkbox"/>	Salt Spray Test Results		

These results meet all drawing specifications and requirements including all print notes:

Yes       No (If No, please explain) \_\_\_\_\_

Note: Does this part contain any restricted or reportable substances?

Yes       No       MSDS sheets included with part submission

**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 other than the regular production process. I have noted any deviations from this declaration below.

Explanation/Comments: \_\_\_\_\_

Print Name: Ronnie Harris      Title: Quality Manager      Email: [ronnie@acceleratedcuring.com](mailto:ronnie@acceleratedcuring.com)

Supplier Authorized Signature: \_\_\_\_\_      Date: 5/2/2023

**J.W. Speaker Internal Use Only**

Part Warrant Disposition:

Approved       Rejected       Other (provide explanation: \_\_\_\_\_)

Part Function Approval:

Approved       Waived

JWS Name: Mike Swiatek      JWS Signature: Mike Swiatek      Date: 5/9/2023

COLOR KEY:

JWS Sourcing Fills In
SUPPLIER FILLS IN
JWS QC FILLS IN