



J.W. SPEAKER SUPPLIER PRODUCT SUBMITTAL WARRANT

| J.W. SPEAKER PROJECT INFORMATION | | SUPPLIER MANUFACTURING INFORMATION | |
|----------------------------------|----------------------------------|------------------------------------|---------------|
| JWS Part Number | 4444750 | Supplier Name | ACI |
| Part Description | LENS, OUTER, ATV HB HL, HARDCOAT | Supplier Number | 1200 |
| Engineering Drawing Revision | D | Supplier Contact | Ronnie Harris |
| Purchase Order | | City | |
| EP/ECN | | State | |
| JWS Sourcing Contact | Stacey Orten | Postal Code | |
| Date Requested | 3/16/2022 | PPAP Due Date | 3/23/2022 |

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"/> | LEVEL 1 | Warrant Only-Signed warrant to acknowledge receipt of drawing revision that does not require sample submission |
| <input checked="" type="checkbox"/> | LEVEL 2 | Level 1 plus production samples, 3 piece dimensional layout (<i>per cavity</i>), 30 piece capability study only for critical dimensions represented by \varnothing or \bullet symbol |
| | <input checked="" type="checkbox"/> | Dimensional with Layout (Parts to be measured after paint, when applicable)-- PER CAVITY |
| | <input type="checkbox"/> | 30 piece capability study (Parts to be measured after paint, when applicable)-- PER CAVITY |
| <input checked="" type="checkbox"/> | LEVEL 3 | Level 2 plus Requirements checked below: |
| | <input checked="" type="checkbox"/> | Material Certifications |
| | <input checked="" type="checkbox"/> | Process Flow |
| | <input checked="" type="checkbox"/> | Control Plan |
| | <input checked="" type="checkbox"/> | PFMEA |
| | <input checked="" type="checkbox"/> | Cosmetic Validation Form |
| | <input checked="" type="checkbox"/> | Secondary Operation Process Flow, Control Plan, PFMEA (painter, etc) |
| | <input checked="" 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"/> | LEVEL 4 | 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 checked="" type="checkbox"/> | PFMEA | <input checked="" type="checkbox"/> | Secondary Operation Control Plan (painter, plater, etc) |
| <input checked="" type="checkbox"/> | 30pc Capability Study | <input checked="" type="checkbox"/> | Cosmetic Validation | <input checked="" type="checkbox"/> | Secondary Operation Process Flow (painter, plater, etc) |
| <input checked="" type="checkbox"/> | Material Certifications | <input checked="" type="checkbox"/> | Tooling Pictures | <input checked="" 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

Supplier Authorized Signature: _____ **Date:** 4/12/2022

J.W. Speaker Internal Use Only

Part Warrant Disposition:

Approved Rejected Other (provide explanation: JWS Rev @ D- Level 1 required)

Part Function Approval:

Approved Waived

JWS Name: Mike Swiatek **JWS Signature:** *Mike Swiatek* **Date:** 9/27/2022

COLOR KEY:

JWS Sourcing Fills In

SUPPLIER FILLS IN

JWS QC FILLS IN