



Part Submission Warrant (PSW)

Part Name _____
 HANS Drawing Number (If Different) _____
 Engineering Changer Number _____
 Engineering Change Date _____

HANS Part Number _____ Part Rev. ____
 Purchase Order No. _____
 Weight (kg) _____

SUPPLIER MANUFACTURING INFORMATION

 Organization Name and Supplier Code _____
 Street Address _____
 City _____ Country _____
 Region _____ Postal Code _____

HANS INFORMATION

HANS Power & Water LLC
 HANS
TOM WRIGHT
 HANS Buyer
KEITH AUBUCHON
 HANS Quality Representative

REASON FOR SUBMISSION (Check at least one)

- Initial Submission
- Engineering Change Request
- Tooling repair / replacement
- Other _____
- Change to Material
- Supplier or material source change
- Change in part processing

REQUESTED SUBMISSION LEVEL (Check one)

- Level 1 – Warrant only (And for designated appearance items, an Appearance Approval Report) submitted to HANS.
- Level 3 – Warrant with product samples and complete supporting data submitted to HANS.
- Level 5 – Warrant only with product samples and complete supporting data reviewed at supplier’s manufacturing location.

SUBMISSION RESULTS

The results for Dimensional requirements Material and functional tests Appearance criteria Measurement System Analysis (Gage R&R / Capability) meet all HANS engineering and quality requirements. YES NO (If “NO”, Explanation is required) _____

DECLARATION

I confirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all HANS engineering and quality requirements. I certify that documented evidence of this compliance is on file and available for review. I have noted any deviations from this declaration below: _____

Is each HANS tool properly tagged and numbered? YES Tool Identification Numbers(s) _____ NO

Supplier Authorized Representative Signature _____ Date _____

Title _____ Email _____ Phone Number _____

**** FOR HANS USE ONLY****

PPAP Warrant Disposition: APPROVED REJECTED INTERIM (Expiration date and PPAP elements required for Full Approval) _____

HANS Signature _____ Date _____

Print Name _____

*For Interim Approval, attach copy of the agreed action plan to achieve Full PPAP Approval