

<p><b>Supplier / Production Plant</b></p> <p>Name: _____</p> <p><b>Recipient</b></p> <p>Name: <b>TIGGES VERBINDUNGSTECHNIK WUPPERTAL</b></p> <p>Address: <b>KOHLFURTHER BRUECKE 29</b></p> <p>Postcode/ City: <b>42349 Wuppertal</b></p> <p>Country: <b>Germany</b></p>	<p><input type="checkbox"/> <b>Production Process an Product Approval Report</b></p> <p><input type="checkbox"/> <b>DwSpAA</b></p> <p><b>submission Level</b></p> <p><input type="checkbox"/> Sampling</p> <p><input type="checkbox"/> New Part</p> <p><input type="checkbox"/> Product Modification (Specification Modification)</p> <p><input type="checkbox"/> Transfer of Production</p> <p><input type="checkbox"/> Production Process Modification</p> <p><input type="checkbox"/> Production suspended for more than 12 months</p> <p><input type="checkbox"/> Tool Modification / Tool Correction</p> <p><input type="checkbox"/> Modification of Outsourced Parts</p> <p><input type="checkbox"/> Change of Supplier</p> <p><input type="checkbox"/> Other-please specify</p> <p><input type="checkbox"/> Re-Sampling</p> <p><input type="checkbox"/> New Samples</p> <p><input type="checkbox"/> <b>Report Other Samples</b></p>
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Enclosed / Inspection		
<p><input type="checkbox"/> 01 Dimensional Check</p> <p><input type="checkbox"/> 02 Function Check</p> <p><input type="checkbox"/> 03 Material Test</p> <p><input type="checkbox"/> 04 Haptics Test</p> <p><input type="checkbox"/> 05 Acoustics Test</p> <p><input type="checkbox"/> 06 Odors Test</p> <p><input type="checkbox"/> 07 Visual Test</p> <p><input type="checkbox"/> 08 Surface Test</p>	<p><input type="checkbox"/> 09 EMC Test</p> <p><input type="checkbox"/> 10 Reliability Test</p> <p><input type="checkbox"/> 11 Design - FMEA</p> <p><input type="checkbox"/> 12 Design Approval</p> <p><input type="checkbox"/> 13 Process FMEA</p> <p><input type="checkbox"/> 14 Process Flowchart</p> <p><input type="checkbox"/> 15 Control-Plan</p> <p><input type="checkbox"/> 16 Process Capability Study</p>	<p><input type="checkbox"/> 17 Measurement &amp; Test Equipm. List</p> <p><input type="checkbox"/> 18 Measurement Capabilty</p> <p><input type="checkbox"/> 19 EU-Safety Data Sheet</p> <p><input type="checkbox"/> 20 Materialdatasheet / IMDS</p> <p><input type="checkbox"/> 21 Transport Unit / Packaging</p> <p><input type="checkbox"/> 22 Certificates</p> <p><input type="checkbox"/> 23 Process Approval</p> <p><input type="checkbox"/> 24 Other- please specify</p>

<b>Supplier / Production Plant</b>		<b>Customer:</b>
Identification No. / DUNS-Code: _____		Identification N: _____
Report No: _____ Issue: _____		Report No: _____ Issue: _____
Part Name: _____		Part Name: _____
Item No: _____		Item No: _____
Drawing No: _____		Drawing No: _____
Level/Date: _____		Level/Date: _____
<b>Delivery-Note No./ Date:</b> _____		<b>Goods Receipt No./ Date</b> _____
Quantity: _____		Purchase Order No./ Date: _____
Batch No: _____		Unloading Point: _____
Sample Weight: _____		

**Supplier Confirmation**

We hereby confirm, that that the sampling has been made according to VDA 2, Chapter 4:

The IMDS-Data Record has been created under IMDS-ID-No.: \_\_\_\_\_

<p>Name: _____</p> <p>Departm.: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-Mail: _____</p>	<p>Comments: _____</p> <p>Date: _____ Signature: _____</p>
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Customer Decison	total	Individual Approvals																								
		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
<b>Approved</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved with Conditons</b>																										
<b>Re-Sampling Required</b>	<input type="checkbox"/>																									
<b>Rejected</b>																										
<b>Re-Sampling Required</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiver-No. _____	Valid Until: _____	No. Of Units _____
In Case of Return Shipment-No. / Date: _____	Date for Re-Sampling: _____	
<p>Name: _____</p> <p>Department: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-Mail: _____</p>	<p>Comments: _____</p> <p>Date: _____ Signature: _____</p>	