

FAX:

EDUARDO RODRIGUEZ

GENERAL MOTORS COMMODITY VALIDATION SIGN-OFF

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Buyer's concurrence on the Seller's completion of validation shall not limit, impair, or otherwise modify
Buyer's right to assert any legal or equitable remedy, or relieve Seller of its responsibility to provide conforming goods.

Part Name* GMX 357 Delta Ignition Switch Part Number* 10392423 Release Level* 001
Shown on Drawing No.* 10392423 / 22873957 Engineering Design Record Change Level* N/A Dated* 27AP04
Procuring Division* NAO Application/Program* GMX 357 Purchase Order No.*
GM Lead Engineer* Ray DeGiorgio GM Validation Engineer*

SUPPLIER MANUFACTURING INFORMATION

Supplier Name* Delphi Mechatronic DUNS Number* 812502961
Street Address* Norte 4, Portales 7 No. 6 H. Matamoros, Tam, Mexico

REASON FOR SUBMISSION*

☐ Initial Submission ☒ Resubmission due to Engineering Change(s) ☐ Resubmission to correct problems in initial submission

COMMODITY VALIDATION SIGN-OFF REQUIREMENTS*

Specified by Procuring Division in SOR or in separate written request. Page 2 lists more information about the required documentation.

1. The Supplier has submitted the required proof of validation completion as specified in SOR Appendix G, Section 4 (i.e., GP-11 ADV or executive letter certifying that commodity is validated).	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
2. All issues that are the responsibility of the Supplier have been classified as "closed" and the resolution of each issue has been confirmed by successful validation. This includes those issues that were identified during development, design validation, or product validation, whether those issues are tracked by GM or by the Supplier.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
3. All Corrective Action Plans (CAP) that are the responsibility of the Supplier have been classified as "closed."	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
4. The information in the Supplier's issue tracking system has been updated and is consistent with the final resolution of all supplier issues and CAPs.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
5. The Supplier has completed its final ADV P&R (GM 1529-2) summarizing ADV execution status.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
6. Supplier's ADV Plan(s) and all specified ADV activities have been completed, including activities required to resolve issues identified during development and validation.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
7. Supplier has obtained GM approval of the detailed validation results for those requirements for which GM approval was specified in the "Other Validation Requirements" column of the Final VCRI.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
8. Supplier evaluation reports have been completed for all regulatory requirements for which the Supplier conducted ADV activities to confirm compliance of the commodity.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
9. Supplier evaluation reports have been completed for those non-regulatory requirements or procedures that were identified in SOR Appendix G, in the Final VCRI, or in writing by the program.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
10. The Supplier has submitted the commodity models, etc. required for the Virtual Archive.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
11. Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
12. Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Explanation of "NO" answer or comment here:

Note that the during cycling, 1 amp was applied on the Delta Ignition Sw. This validation was submitted with New PCB correct timings adjust as Customer required, also New detent plunger (Caters spring/Plunger) was implemented to increase torque force in the switch.

Supplier Name (please print)* Eduardo Rodriguez Title* Present Product Eng Phone No.* [REDACTED]
Supplier Authorized Signature* Eduardo Rodriguez Dated* 4/24/06

GM DECISION: Rejected (see comments below) ☐ Re-submit (see comments below) ☐ Sign-Off Complete ☒

GM Name (please print) Ray DeGiorgio Phone No. [REDACTED]
GM Authorized Signature* [Signature] Code: C204 Dated: APR 21, 2006
Comment:

* Asterisk (*) denotes required field/information.