

Prohibited Substance Approval Form for Aptiv Specification 10949001

• **A P T I V** •

Information regarding the ITEM sold to Aptiv (assembly, sub-assembly, part or material)		Manufacturer / Supplier Information	
Item Name:	Aptiv Division Supplied to:	Company Name:	Manufacturing Address:
Item Part Number:	Total Mass (g):	Contact Name:	Phone:
Revision Level:		Email:	Fax:
Revision Date:		Mail Code:	Supplier DUNS #:

A Item or Part Name Containing the Prohibited Substance	B Part Number of Item in Column "A"	C Mass (g) of item in Column "A"	D Name of Material in Item "A" that contains the "Prohibited Substance"	E Mass (g) of Material in Column "D"	F Name of "Prohibited Substance" Contained in Material listed in Column "D"	G CAS# of "Prohibited Substance" in Column "F"	H Mass (%) of "Prohibited Substance in Column. "G"

Reason for Using the Above Prohibited Substance(s):

Action Plan to Eliminate Prohibited Substance(s):

Supplier Authorization:

Signature (optional):
 Printed Name:
 Title:
 Phone:
 Fax:
 E-Mail:
 Date:

Aptiv Divisional Information:

Signature:
 Printed Name:
 Title:
 Phone:
 Fax:
 E-Mail:
 Date:

Approved **Not Approved**

Approval Restrictions: