

 Michigan Automotive Compressor, Inc. Quality Assurance Manual for Suppliers	Document Number:
	QA-SM-19-F3
	Page 1 of 1
Subject: Annual CQI Warranty Form–Consumer-Centric Warranty Management Compliance Form	

I confirm that our Quality Management System complies with the Consumer-Centric Warranty Management laid out in CQI-14. My organization shall maintain records including self-assessments, continuous improvement plans and corrective action as required for compliance.

Quality Manager Name: _____

Signature: _____

Company Name: _____

Date: _____

*** To be completed annually to confirm that the Quality Management System is still in compliance.