



**PRODUCT / PROCESS CHANGE NOTIFICATION  
FOR SUPPLIERS**

PPCN Number: \_\_\_\_\_

Type of Change:  
(Check all that apply)

<input type="checkbox"/>	Software
<input type="checkbox"/>	Dimensional
<input type="checkbox"/>	Material
<input type="checkbox"/>	Functional
<input type="checkbox"/>	Appearance
<input type="checkbox"/>	Other: _____

Supplier name: \_\_\_\_\_

**PARTS AFFECTED:**

Supplier P/N:	Description:	Rev.	Drawing	Carling P/N:	Description:	Rev.	Drawing :

**DETAILED DESCRIPTION OF PRODUCT / PROCESS CHANGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR CHANGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPACT OF CHANGE:**

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE DOCUMENTS / ATTACHMENTS: (PPAP, Test Report, Technical Report, Lab Results, Etc)**

\_\_\_\_\_  
\_\_\_\_\_

Planned date of implementation: \_\_\_\_\_

**Supplier Quality Representative:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

NOTE: Please submit this notification at least 12 weeks prior to the planned change implementation!

**DO NOT IMPLEMENT CHANGE UNTIL NOTIFIED BY CARLING TECHNOLOGIES**

**To be completed by Carling**

Product / Process Change Disposition: ☐ Approved ☐ Rejected ☐ Other: \_\_\_\_\_

PPAP Required: ☐ Yes ☐ No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_