Carling Technologies^{**} PRODUCT / PROCESS CHANGE NOTIFICATION **FOR SUPPLIERS** Innovative Designs. Powerful Solutions. Software Type of Change: Dimensional PPCN Number: Material (Check all that apply) Functional Supplier name: Appearance Other: PARTS AFFECTED: Description: Drawing : Supplier P/N: Rev. Drawing Carling P/N: Description: 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 Phone No. Fax No. Print Name NOTE: Please submit this notification at least 12 weeks prior to the planned change implementation! DO NOT IMPLEMENT CHANGE UNTIL NOTIFIED BY CARLING TECHNOLOGIES

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Other:

Rejected

Approved

□No

To be completed by Carling

PPAP Required: Signature

Print Name

Product / Process Change Disposition:

Yes

Date: