

☒ **PRODUCT & PROCESS CHANGE NOTIFICATION**

PCN/SREA #:

PCN-26-013

PCN – Customer notification required

☐ **SUPPLIER REQUEST for ENGINEERING APPROVAL**

PCN/SREA DATE:

07/22/2026

SREA – Customer approval required

Amphenol Fremont:			
Initiator name:	Yessica Martinez	Date:	07/22/2026
Part(S)/Process Name:	NPC-1210-015A-3L (STA)		

Customer Information:			
Customer:	TTI INC	Address: N/A	
Customer contact name:		e-mail	Phone: N/A

Information:							
Type of change:	☐ Major	☒ Minor					
Effect of change:	☐ Form	☐ Fit	☐ Function	☐ Reliability	☒ Other		
Explain if 'Other': Vendor Change							

Process/Product Information:							
Reason for change:	☐ Design	☐ Processing	☐ Machine/Tooling	☐ Cost Reduction			
	☐ Part/Material	☐ Location	☒ Supplier Change	☐ Other			
Explain if 'Other':	EPI Wafer vendor change						
Description of change:	We will be changing our Epi Wafer Vendor for our Die Component (Current vendor discontinued this component)						
Current Format:	RTE		Proposed Format:	CARLIT			
List of attached Document:	Documentation will be shared as requested by customer and/or internal policy.						
Proposed method to identify changed product: (Lot#, Effective Date, Shipment date, Part number via e-mail)		We will provide the initial lot # to identify change or/and indicated by our customer if required					
Is piece cost affected? If yes, what is the cost effect:			\$:				
Will incorporation of change affect shipping schedule? If yes, please provide details:		☐ Yes	☒ No	Details:			
Fremont Quality engineer name: Yessica Martinez							
Fremont Quality engineer signature: <i>Yessica Martinez</i> 07/22/26							
Additional comments:							
Approval to this document is required by: (Due date for a response from Customer)		N/A					
Please check the scenario applicable to this form:							
☐ This is a request for the proposed plan approval. Once approved by customer, tests will be conducted per the attached test plan and results will be presented to the customer for final approval ☐ This is a request for approval of the change per the attached test results. If we do not hear back from customer before the due date given above, it is assumed that customer has approved the change ☒ This is a notification of the change.							

Below Information to be completed by customer.

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Approval or rejection	Approved ☐	Rejected ☐	Approval/Rejection date:
Customer representative name:			Customer representative signature:
Additional comments:			