

REQUESTOR SECTION:

APCD SCN Number: Check with APCD Buyer if not readily available: **PRINT** **VALIDATE** **RESET FORM**

Supplier Name: * Requestor/Contact Name: *

Location/Address: Contact Email: *

Date of Request: Telephone#:

Title of Change: *

Part Number: * (This can be Series/Family part number) Effective Change Date: *

TRIAL RUN REQUIRED: Yes No

CHANGE TYPE: *

Design change
 Tooling/Test Equipment change/upgrade
 Supplier/ Sub-tier supplier change
 Product spec/appearance Change
 Location Change
 Process/Procedure/Datasheet Revision
 Material/Construction/Component change
 Others

CHANGE DESCRIPTION: *

REASON OF CHANGE: *

SUMMARY:

Supplier Name:
 Title of Change:
 Change Type:
 Affected Part number(Series/Family):
 Effective Change Date:

* All fields and/or with asterisk are mandatory.

Supplier must submit this Excel form back to APCD after filing the required fields.

IMPORTANT! FAI IS REQUIRED.

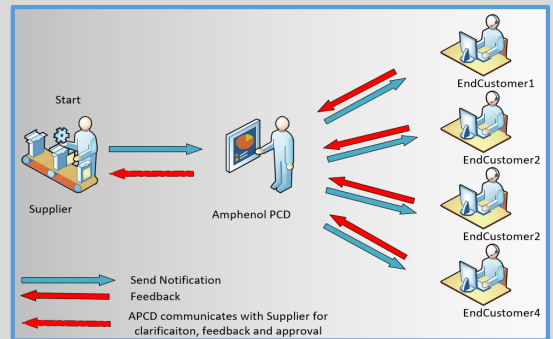
*Supplier shall submit this SCN form together with an FAI unit and FAI form with records of 100% inspection of all dimensions and other critical parameters for review by APCD.

*The APCD FAI form F-730-007 will be made available to the supplier, however, any AS9102 (EN9102) compliant form is acceptable.

*Suppliers are responsible for implementing and maintaining appropriate change management system to meet APCD and/or applicable regulatory requirement.

CHANGE TYPE/S:

SCN FLOW:



Note: *Suppliers are responsible for submitting change notifications to APCD.
 *APCD will review the notification requested while notifying the affected customers.
 *APCD will then give approval to the change by sending an approved copy of the SCN form.

Requestor/Supplier: *

Printed Name: Date:

APCD APPROVAL (APCD Representative)

Printed Name: Date:

VALIDATE

