Amphenol
Advanced Sensors

☒ **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:	07/17/2026
Part(S)/Process Name:	NPA-300B-C02315 NPA-300B-C02315 (AIC) NPA-300M-C02328 NPA-700B-C02150 NPA-730B-C02314 (AIC) NPA-730M-C02329 NPA-730B-005D NPA-730B-005D (AIC) NPA-730B-015A (AIC) NPC-1210-015A-3L (STA) NPC-1210-015D-3B NPC-1210-015G-1L (STA) NPC-1210-030G-1L (STA) NPC-1210-100D-3B		

Customer Information:				
Customer:	HEILIND ELECTRONICS, 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:					

Amphenol
Advanced Sensors

☒ **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

Fremont Quality engineer name: Yessica Martinez	
Fremont Quality engineer signature: *Yessica Martinez* 07/22/2026	
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.			
Approval or rejection	Approved ☐	Rejected ☐	Approval/Rejection date:
Customer representative name:			Customer representative signature:
Additional comments:			