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-500B-015A NPA-700B-015A NPA-700B-015D NPA-700M-015G NPA-730B-005D NPA-730B-005D (AIC) NPA-730B-005G (AIC) NPA-730B-030A NPC-1210-015A-3S (STA) NPC-1210-015D-3S (STA) NPC-1210-050G-3L (STA) NPC-1210-100G-1S (STA) NPC-1220-030A-1S (STA) NPC-1220-100D-3S (STA)		

Customer Information:				
Customer:	NEWARK ELECTRONICS CORP		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								

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Fremont Quality engineer signature: *Yessica Martinez* 07/23/26	
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.			
Approval or rejection	Approved ☐	Rejected ☐	Approval/Rejection date:
Customer representative name:			Customer representative signature:
Additional comments:			