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ENGINEERING CHANGE NOTICE

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Department _____ **ENGINEERING**

Date:	Document Number
April 24, 2015	ECN20150424-00
Revision Number	SHEET
1	1 of 1

CHANGE TYPE

- CLASS I** Customer notification and approval required prior to implementation
- CLASS II** Customer notification only, no approval required
- CLASS III** No customer notification required

REASON OF CHANGE

Standardization of the part numbering system.

DESCRIPTION OF CHANGE:

1. This is a part number change only and no change in physical part.

<u>Items</u>	<u>Revision FROM</u>	<u>Revision TO</u>	<u>Comment</u>
Gold Flash Plated	A64-112-231N411	A64-112-231N420	A64-112-231N411 will become an obsolete part no.
15µIN of Gold Plating	A64-113-231N411	A64-113-231N420	A64-113-231N411 will become an obsolete part no.
30µIN of Gold Plating	A64-114-231N411	A64-114-231N420	A64-114-231N411 will become an obsolete part no.

2. DISPOSITION: ALL EXISTING INVENTORY OF A64-11X-231N411 CAN BE USED BUT NEED TO CHANGE ITS PART NO.TO A64-11X-231N420

PARTIES AFFECTED

- Customer
- Distributors
- Suppliers
- NORCOMP
- MH
- ETW
- ECA
- EDG
- EDAC UK

KEY TARGET DUE DATES IF CHANGE IS APPROVED TO PROCEED (check if applicable and show target dates as known)

- Submit Quote _____
- Prod. Trial Run _____
- Run at Rate _____
- PPAP from Supplier _____
- MRD of Production Parts _____

ACKNOWLEDGEMENT FOR ECN INITIATION: (OPTIONALS)

- | | |
|---|--|
| <input type="checkbox"/> Tooling Rep _____ | <input type="checkbox"/> Process Eng Rep _____ |
| <input type="checkbox"/> Mfg Eng Rep _____ | <input type="checkbox"/> Facilities Rep _____ |
| <input type="checkbox"/> Production Rep _____ | <input type="checkbox"/> Sales Rep. _____ |
| <input type="checkbox"/> Materials Rep _____ | <input type="checkbox"/> Product Eng. Rep. _____ |
| <input type="checkbox"/> Quality Rep _____ | <input type="checkbox"/> Purchasing Rep _____ |

STATUS

APPROVED
 CCS CHANGE REQUEST #

APPROVALS FOR ECN INITIATION (REQUIRED)

- President** _____ **General Manager.** _____
- Vice President** _____ **Engineering Mgr.** _____
- MINIMUM OF TWO SIGNATURES REQUIRED**

REJECTED
 Change REJECTED by:
 Rejected Date: _____