ELECTRONIC PRODUCT/PROCESS CHANGE

Refer to the checked box below to identify the type of notification you are receiving. One box must be checked. Only one box may be checked.

X	PCN = Product/Process Change **Notification**
	PCI = Product/Process Change **Input Request**
	PCA = Product/Process Change **Approval Request**

Refer to the section below to identify relevant information regarding this notification.

PCN/PCI/PCA #:	PCN19-009
Date:	22.Apr.19
Customer:	All
ATCS Originator Name:	Dawn Williams
Originator Phone:	603-879-3612
Originator e-Mail:	dawn.williams@amphenol-tcs.com

Change Type (check one)

	Dimensions and Tolerances		Material (Not Specified)		Color (Tint)
	Delivery Packaging		Performance		Environmental Impact
	Outwardly Visible Part Shape		Part Marking	X	Other End of Life
	Material (Specified)		Color (Base)		

Description of the Change

End of Life for Amphenol TCS HDM Product Line
Last order receipt will be 7/22/19

Reason for the Change

The HDM product for Amphenol has declined to a volume that has become cost prohibitive for Amphenol to maintain production. The requirements within the supply chain (IE: MOQs, plating line set up, etc) and manufacturing processes are not aligned to support a product with this level of demand.

Part Number(s) Affected

See attached detail

This change will affect not only today's part numbers, but any part number(s) utilizing these components in the future.

Refer to the checked box below for specific instructions regarding this notification. Unchecked boxes are not applicable.
One box must be checked. Only one box may be checked.

☑ Click Here	☐ Click Here	☐ Click Here
PCN = Product/Process Change **Notification**	PCI = Product/Process Change **Input Request**	PCA = Product/Process Change **Approval Request**
This change was qualified, validated, and has been or will be implemented pursuant to ATCS internal specification(s). This notification extends to all of your domestic and international facilities. This change has or will become effective as of: **7.22.19** information, please contact the ATCS Originator listed above.	ATCS is seeking customer input regarding this proposed change in order to understand its potential impact on your process. To provide input, please contact the ATCS Originator listed above. Please provide your input within fifteen (15) days of the date listed above. ATCS's planned implementation date for this change is on or about: _____, 200 ___. In the absence of any customer response whatsoever, this change will be implemented by default. This extends to all of your domestic and international facilities. Should you have questions or require additional information, please contact the ATCS Originator listed above. This change was qualified, validated, and has been or will be implemented pursuant to ATCS internal specification(s). Please attach customer input to this form and return input to the ATCS Originator listed above.	ATCS is seeking customer approval of this proposed change. ATCS's planned implementation date for this change is on or about: _____, 200 . In the absence of any customer response whatsoever, this change will be implemented by default. This extends to all of your domestic and international facilities. Should you have questions or require additional information, please contact the ATCS Originator listed above. This change was qualified, validated, and will be implemented pursuant to ATCS internal specification(s). Please sign below and return to the ATCS Originator listed above. Customer's Authorized Representative _____ *Signature* Name: _____ Title: _____ Date: _____