



Supplier Product/Process Change Request (PCN)

Form #: FRM5100416
Rev Level: 0E
Rev Date: Aug 8, 2014

Supplier to Complete

Scan signed form, attach supporting documentation and submit to supplier.pcn@ballard.com
(Refer to PRC5103218 for detailed instructions)

Notification Date:
(mmddyyyy)

Supplier I.D.:
(As per Ballard P.O.)

PCN Number:
(mmddyyyy supplier ID)

mmddyyyy ####

Supplier Name:

Supplier Address:

Supplier Contact Info:
(Name, Position, Phone
Number, email address)

Completed By:

Affected Ballard Part #
& Rev:

Part Description(s):

Ballard Location Part is
Supplied to:

Description of change (check all that apply):

Design Equipment Material Process Supplier Documentation End-of-Life Notice

Description and File Names of Attached Supporting Documentation or Data:

If End-of-Life Notice:

Existing part or component (Ballard part number, manufacturer, mfg. part number, description):

Proposed replacement:

Reason for Change:

Effect of Change and Anticipated (positive or negative) impacts on form, fit, function, reliability, quality or safety:

Qualification Plan Summary and Results:

Effect of NOT Implementing Change:

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Method of Identifying Changed Product:

Launch Plan (please describe):

Interchangeability Affected: Assembly <input type="checkbox"/> Y <input type="checkbox"/> N Components <input type="checkbox"/> Y <input type="checkbox"/> N Tooling or facility changes required? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Cost effect: \$	Time Required to Incorporate Change after approval: Date when qualification samples are available: Proposed first ship date of changed product: Proposed Last Date of Manufacture of UNCHANGED product:
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Resubmit PPAP	<input type="checkbox"/> Y <input type="checkbox"/> N	PPAP Costs:	PPAP resubmit date:
Will change affect shipping schedule? <input type="checkbox"/> Y <input type="checkbox"/> N	Name and Position of Supplier Representative: Signature _____ Supplier Representative		Piece Price affected? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Price Affect \$

Ballard to Complete
Review shall involve Quality, Supply Chain, Production, Product development, Service and Program Management

Will change require Customer Notification:

 Y N Reason:

Approved Release action required, CR # _____ Rejected

Approver: Signature _____	Date(mmddyyyy):	Concurred By: Signature: _____	Date (mmddyyyy):
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Team Members Participating in Change Review:

Quality:	Production:
Product Development:	Program Management:
Supply Chain:	Service:
Other:	

Reason for rejection or Conditions of Acceptance:

* Disclaimer: This approval is granted upon understanding that it is advisory in nature and in no manner changes the Sellers original responsibility for insuring that all characteristics, designated in the applicable engineering specification and / or inherent in the samples as originally tested and approved, are maintained. Seller accepts full responsibility for the changes or types of changes listed above; and should such changes result in less satisfactory performance than experienced with the originally approved item. Seller will fully reimburse the Buyer for all expenses incurred to correct the deficiency.