**PN / Revision :** 12612712/Rev B

**Supplier:**  Amphenol

**Description of Change :**

**Fit, Form, Function Change?** Yes/No

**Estimated Cut-in**

**Current CFAT Status**

TEST REPORT DATE:

Rev.: A

Status:

**Current PPAP Status**

PPAP Status:

Status Date:

Rev:

**Oshkosh Proposed Action(s)**

□ PPAP approval

□ Limited CFAT – Requirements impacted by this change

□ Add PCN to PPAP documents

Additional Comments (if required):

**Support Documentation Attached**

□ RCM (Change Request)

□ ECP: Description, if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ RFD: Description, if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: Description, if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_