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| **Vendor Information** |
| Application Date: |  |  |
| Vendor Name: |  | HFT Vendor #: |  |
| Applicant Name: |  | E-mail: |  |

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| **Product Information** |
| SKU #: |  | UPC #: |  |
| Product Description: |  |

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| **Change Reason** |
| [ ]  Changes in Standards or US laws  | [ ]  Need Certification Update? |
| [ ]  Component or Sub-Component Change | [ ]  Need Certification Update? |
| [ ]  Product Construction or Design Change | [ ]  Need Certification Update? |
| [ ]  Other Change (add details below) | [ ]  Need Certification Update? |

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| **Factory Relocation** |
| *If you are submitting this PCA due to a factory change or factory relocation, you must first contact your designated Supplier Quality Engineer (SQE) and Vendor Manager (VM) to review this change.* |
| Component Change due to factory relocation? | [ ]  Yes[ ]  No |
| If “Yes”, list the names of SQE and VM who reviewed this PCA: |  |

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| **Product Cost Changes** |
| Product Change Requires Updated FOB? | [ ]  Yes[ ]  No |
| If Yes, New Proposed FOB? ($ USD): | $  |
| ***If Yes, please itemize cost change in the below table:*** |
| ***COMPONENT OR SUB-COMPONENT*** | ***OLD COST*** | ***NEW COST*** |
|  | $  | $  |
|  | $  | $  |
|  | $  | $  |
|  | $  | $  |
|  | $  | $  |

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| **Production Information** |
| Will this component change application impact your ability to fulfill any of your current HFT Purchase Orders? | [ ]  Yes[ ]  No |
| If Yes, which PO #s do you estimate will be impacted? |  |
| How many units do you have on-hand or how many units do you estimate you can manufacture with the current components or sub-components? |  |
| Approximately when do you need to implement this change so that production is not impacted (*please enter a date*)? |  |

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| **Change Description (Detailed Reason of Change)** |
|  |
| **Comparison Photos** |
|  |
| **Factory Test Result and Test Report** |
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| **Drawing of Change (Standards or US Laws Related Change; Product Construction or Design Related Change)** |
|  |
| **Component Specification and Certification (Component Change)** |
|  |

***HFT ONLY – DO NOT COMPLETE***

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| --- | --- |
| Priority | 选择一项。 |
| Need lab test | [ ]  | VID No.:  | Sample Quantity:  |
| Remark： |
| Evaluation/no need to test | [ ]  | Seal Sample | [ ]  | PO#  |  |
| Remark： |
| Refuse: | [ ]  |
| Remark： |