BALLARD™	**Supplier Product/Process Change Request (PCN)**	Form #: FRM5100416 Rev Level: 0H Rev Date: 2023/09/15

Supplier to Complete **Scan signed form, attach supporting documentation and submit to the Ballard purchasing contact for the affected part number** **(Refer to PRC5103218 for detailed instructions)**	
Notification date: (mmddyyyy)	
5-digit supplier I.D.: (As per Ballard P.O.)	
PCN number: (mmddyyyy_PN_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:	

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Qualification plan summary and results:			
Effect of NOT implementing change:			
Method of identifying changed product:			
Launch plan (please describe):			
Interchangeability affected: Assembly ☐ **Y** ☐ **N** Components ☐ **Y** ☐ **N** Tooling or facility changes required? ☐ **Y** ☐ **N** If yes, cost affect: $	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:		
Resubmit PPAP	☐ **Y** ☐ **N**	PPAP costs:	PPAP resubmit date:
Will change affect shipping schedule**?** ☐ **Y** ☐ **N**	**Name and position of supplier representative:** **Signature**_____ **Supplier Representative**		Piece price affected? ☐ **Y** ☐ **N** If yes, price affect: $

Ballard to Complete

Review shall involve Supplier Quality, Supply Chain, Production, Product development (part Owner), Service, Program Management, and others, as applicable. Team member approvals shall be recorded and filed internally, per PRC5103218.

Will change require customer notification?
☐ Y ☐ N Reason:

☐ Approved ☐ Release action required, CR/CO _____ ☐ Rejected

Approver:	Date (mmddyyyy):	Concurred by:	Date (mmddyyyy):
Signature_____ **Supplier Quality Engineering**		**Signature**_____ **Strategic Sourcing or Buyer, as appropriate**	

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 ensuring 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 than satisfactory performance than experienced with the originally approved item, Seller will fully reimburse the Buyer for all expenses incurred to correct the deficiency.**