

## Supplier Change Request Form

Changes proposed by Supplier, both material and process changes, which may affect form, fit, function, reliability, serviceability, performance, functional interchangeability, regulatory compliance, safety, options or spare parts interchangeability or interference capability with Lytron Products must be submitted for Lytron approval.

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### Supplier Request Contact Information

Date: Requestor Name:  
Supplier name: Requestor Phone:  
Supplier Location: Requestor email:

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### Part Change Request Information

If Change will affect cost, delivery, product safety, or is urgent please contact your Lytron Sourcing Leader

Lytron Part number & revision:  
(one part number per form)

Desired cut in date:

Describe reason for change in detail:

Describe proposed solution in detail:

Return completed form to your Lytron sourcing leader by e-mail.

**SUPPLIERS SHALL MAKE NO CHANGES UNLESS SPECIFICALLY INSTRUCTED BY LYTRON**

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For Lytron use only

Request Status     Approved     Rejected    Cut in Date if Approved: \_\_\_\_\_

Reason for approval or rejection:

Lytron ECN if applicable:

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Lytron Approval

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Date

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Supplier Acknowledgment Date