CFAT Part Change Notification (PCN)

Note: On site review and verification of change may be scheduled if requested by the Government

**Description of Change**

**Estimated Cut-in**

**Current CFAT Status**

TEST REPORT #:

Rev.:

Status:

Previous PCN submittal(s):

**Current PPAP Status**

PPAP Status:

Status Date:

Rev:

**Oshkosh proposed action(s)**

□ Submit test plan under CDRL E002 to verify:

□ 100% verification – All print requirements

□ Limited CFAT – Requirements impacted by this change

□ Submit applicable PPAP documents

□ Additional CDRL Submissions not required for this change

Additional Comments (if required):

**Support Documentation Attached**

□ F1000 (Change Request)

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

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

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