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PRODUCT CHANGE NOTIFICATION PCN-

Date of notice:

This is a change of: Form Fit Function

Affected Customers:

All Customers OEM Multiple UL listing Required

Part #:

Description:

Please note, as of _____, the above referenced part will become obsolete.

new part # no new part #

The last buy date for this product will be:

The new part number/description will be:

Unless otherwise noted, the replacement part will be backwards compatible to the previous version. However, if you would like to test the new product with your current array of products, please order the quantity needed for testing, allowing enough time to avoid any supply disruptions.

The replacement product will be available for purchase as of:

Notes:

This box will be checked if photos are needed to further illustrate this product change, indicating a second page
This improvement in our product offering is being made to improve the already superior quality of our products. It is the mission of Hochiki to always provide only the highest quality products and innovations.

This product change form was created by:

Date:

Title: