



Integrated Device Technology, Inc.
2975 Stender Way, Santa Clara, CA - 95054

PRODUCT/PROCESS CHANGE NOTICE (PCN)

PCN #: G-0206-09 DATE: 6/17/2002 Product Affected: MQFP, PQFP and TQFP packages in Tape and Reel Date Effective: 9/30/2002	MEANS OF DISTINGUISHING CHANGED DEVICES: <input type="checkbox"/> Product Mark <input type="checkbox"/> Back Mark <input type="checkbox"/> Date Code <input checked="" type="checkbox"/> Other Starting ww40
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Contact: Geoffrey Cortes Title: Manager, Corporate Quality & Reliability Phone #: (408) 492-8321 Fax #: (408) 727-2328 E-mail: Geoffrey.Cortes@idt.com	Attachment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples: N/A
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DESCRIPTION AND PURPOSE OF CHANGE:

<input type="checkbox"/> Die Technology	
<input type="checkbox"/> Wafer Fabrication Process	
<input type="checkbox"/> Assembly Process	
<input type="checkbox"/> Equipment	
<input checked="" type="checkbox"/> Material	IDT currently ships products in 20x20 mm & 28x28 mm packages using Tape and Reel, if the ordering part # ends with "8". Effective 09/30/02, IDT will not offer these package types in Tape and Reel. Product will be shipped in Trays only.
<input type="checkbox"/> Testing	
<input type="checkbox"/> Manufacturing Site	
<input type="checkbox"/> Data Sheet	
<input type="checkbox"/> Other	This PCN effects product shipped in Tape and Reel only.

RELIABILITY/QUALIFICATION SUMMARY:

Not applicable. Shipping material change only.

CUSTOMER ACKNOWLEDGMENT OF RECEIPT:

IDT records indicate that you require written notification of this change. Please use the acknowledgement below or E-Mail to grant approval or request additional information. If IDT does not receive acknowledgement within 30 days of this notice it will be assumed that this change is acceptable.

IDT reserves the right to ship either version manufactured after the process change effective date until the inventory on the earlier version has been depleted.

Customer: _____	<input type="checkbox"/> Approval for shipments prior to effective date.
Name/Date: _____	E-Mail Address: _____
Title: _____	Phone# /Fax# : _____

CUSTOMER COMMENTS: _____

IDT ACKNOWLEDGMENT OF RECEIPT:

RECD. BY: _____ DATE: _____