

Manual Transmission/ Transaxle Identification

Meets ASE Task: None specified

Name: _____ Date: _____ Time on Task: _____

Make/Model/Year: _____ VIN: _____

Evaluation (Enter number from 4, 3, 2, 1) : _____

☐ 1. How many forward speeds does the manual transmission/transaxle have on this vehicle?

☐ Four

☐ Five

☐ Six

☐ Other (describe):

☐ 2. What is the specified gear oil for this unit?

☐ 3. Describe the transmission/transaxle (make or manufacturer, etc.)

