



Core Transmission Assessment Report

***Core value is deducted and paid 30 after core is returned. Assessment must be done by DG's Pro Tech before core value can be refunded**

Customer/Shop Name: _____
 Phone Number: _____ Email: _____
 Address: _____
 Type of Transmission (including year) _____
 Invoice Number: _____ Date of Return: _____

***The following must be filled out and returned with transmission**
 (please circle 1 per line)

Drained of all fluids	Yes	No (-\$100)	Unsure
Crack in housing (internal or external)	Yes (-\$750)	No	Unsure
Oil pan reusable (no excessive rust or significant dents/cracks)	Yes	No (-\$250)	Unsure
Missing components (internal or external) *price dependant on component missing	Yes (-\$1000 MAXIMUM)	No	Unsure
Torque Converter is present and matches transmission	Yes	No (-\$500)	Unsure
Excessive corrosion on any components	Yes (-\$750)	No	Unsure
Broken internal components *price dependant on broken component	Yes (-\$1000 MAXIMUM)	No	Unsure

Total core deductions after inspection: _____

Was a professional diagnosis performed: NO _____ / YES _____

Name of shop _____ Contact Info: _____

Diagnosed failure of Transmission: _____

Signature: _____ Date: _____