



Ferrari North America

Technical Information

Date: February 2016
Bulletin #: 2327
Campaign #:
Supersedes:
Section: 3

Model Type: California T
Model Year: All
Subject: Managing Level 3 Repair procedures for DCT gearbox

Please find attached the Level 3 repair procedures, and the correct protocol for managing these procedures, which may be performed on the DCT gearbox of Ferrari California T vehicles in relation to the malfunction and/or oil leak found on a DCT gearbox.

- IMPORTANT -

After completing diagnosis, complete the “DCT Gearbox Pre-Diagnosis Form” on pages 3 to 5 of this document.

This form must be attached to the ROL opened for this vehicle.

The LEVEL 3 operations possible (which may only be carried out by a trained technician who is authorized to perform Level 3 repairs), in relation to the type of fault identified, are:

1. Gearbox Speed Sensor Replacement



Ferrari North America

Depending on the vehicle model, the part installed in this procedure is as follows:

- STEP 3 SPEED SENSOR KIT _ CaliforniaT Part No. 70003853 Q.ty 1

Level 3 operations may only be performed by authorized Ferrari Dealers with technicians trained to perform Level 3 Repairs

Protocol for Claiming Reimbursement under Warranty (for Authorized Ferrari Dealers who do not

You are authorized to claim for the following in warranty claims:

- reimbursement removal and refitting of complete gearbox (as per ST Schedule for the specific model);
- the following costs sustained in having the repair done by another Authorized Ferrari Dealer with trained technicians:
 - cost of gearbox repair performed by service centre authorised to perform Level 3 procedures;
 - transport costs sustained by you.

Thank you for your co-operation.



DCT Gearbox Pre-Diagnosis Form

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VEHICLE FILE																			
Date:	Chassis number:																		
Model:	Dealer:																		
Market:	Vehicle Km/mi:																		
Gearbox No.:	ROL No. (if available):																		
Warranty start date:	Warranty end date:																		
Prior procedures on DCT gearbox (date and type of procedure):																			
DIAGNOSTIC FILE																			
Provide description of oil leakage found (attach photos), specifying number of leaks, in reference to the drawings from page 2 to 4 of Technical Information 2149:																			
List any DTC errors in NCR (in reference to the list from page 7 to 15 of Technical Information 2149):																			
<u>In the event of NOISE from gearbox/differential, specify:</u>																			
Conditions in which noise occurs:																			
Vehicle speed:																			
Gear selected:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">1st</td> <td style="text-align: center;">2nd</td> <td style="text-align: center;">3rd</td> <td style="text-align: center;">4th</td> <td style="text-align: center;">5th</td> <td style="text-align: center;">6th</td> <td style="text-align: center;">7th</td> <td style="text-align: center;">R</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	N	1st	2nd	3rd	4th	5th	6th	7th	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	1st	2nd	3rd	4th	5th	6th	7th	R											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
During gear shift?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>														
YES	NO																		
<input type="checkbox"/>	<input type="checkbox"/>																		
If noise occurs during gear shifting, specify:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Upshifts <input type="checkbox"/></td> <td style="text-align: center;">Downshifts <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Automatic mode <input type="checkbox"/></td> <td style="text-align: center;">Manual mode <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Performance mode <input type="checkbox"/></td> </tr> </table>	Upshifts <input type="checkbox"/>	Downshifts <input type="checkbox"/>	Automatic mode <input type="checkbox"/>	Manual mode <input type="checkbox"/>		Performance mode <input type="checkbox"/>												
Upshifts <input type="checkbox"/>	Downshifts <input type="checkbox"/>																		
Automatic mode <input type="checkbox"/>	Manual mode <input type="checkbox"/>																		
	Performance mode <input type="checkbox"/>																		



DCT Gearbox Pre-Diagnosis Form

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Model	Updated on
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If noise occurs with gear engaged, specify when:	Under acceleration <input type="checkbox"/>	When lifting off throttle <input type="checkbox"/>	Constant throttle (cruise) <input type="checkbox"/>
	Driving straight <input type="checkbox"/>	Turning right <input type="checkbox"/>	Turning left <input type="checkbox"/>
Noise is heard when:	Negotiating traffic circle <input type="checkbox"/>	Negotiating tight bend <input type="checkbox"/>	Negotiating wide bend <input type="checkbox"/>
	Whistle <input type="checkbox"/>	Rumble <input type="checkbox"/>	Gear noise <input type="checkbox"/>
Describe the type of noise heard:	Differential bevel gear <input type="checkbox"/>	Vibration <input type="checkbox"/>	Clunking <input type="checkbox"/>
	Check the levels of the clutch hydraulic oil system (ATF) and the gearbox gear oil system (GL)		
Oil level (ATF)	Too high <input type="checkbox"/>	Too low <input type="checkbox"/>	OK <input type="checkbox"/>
Oil level (GL)	Too high <input type="checkbox"/>	Too low <input type="checkbox"/>	OK <input type="checkbox"/>
Is metal debris found on plug?			
JOB FILE			
Procedure performed (from operation list on page 1):			
Kit Part Nos. ordered:			



DCT Gearbox Pre-Diagnosis Form

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Model	Updated on
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Job performed on:	
<u>CCP</u>	<u>SAP</u>
Identification No. of old CCP:	Identification No. of old SAP:
Identification No. of new CCP:	Identification No. of new SAP:
Any faults noted during repair procedure:	

Task performed by (Dealer):

Technical Manager:

First name _____ (Print) Surname _____ (Print)

Company stamp

Full signature