

Accessible Services for Persons with Disabilities	Date Confirmed
2) Seating that meets your needs (except in emergency exit rows) <ul style="list-style-type: none"> <input type="checkbox"/> moveable aisle arm rest <input type="checkbox"/> moveable arm rest between seats <input type="checkbox"/> near entrance <input type="checkbox"/> additional leg room <input type="checkbox"/> near washroom <input type="checkbox"/> next to attendant <input type="checkbox"/> additional seating space <input type="checkbox"/> other: _____ 	
3) Attendant(s)* Is medical info required by carrier(s)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify: _____	
4) Carriage of a mobility aid * Type: _____ Dimensions: _____ Type of batteries: _____ Special tools/instructions needed to disassemble/assemble: _____ Tools/instructions to be provided by <input type="checkbox"/> carrier <input type="checkbox"/> traveller	
5) Use of gaseous oxygen or portable oxygen concentrator on board and/or in terminals* <ul style="list-style-type: none"> <input type="checkbox"/> carrier-provided (fees may be applicable) <input type="checkbox"/> passenger-provided <input type="checkbox"/> assistance to/from washroom with oxygen Is oxygen needed between flights/travel segments? <input type="checkbox"/> yes <input type="checkbox"/> no	

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6) Accessible ground transportation to/from terminal <ul style="list-style-type: none"> <input type="checkbox"/> taxi <input type="checkbox"/> shuttle <input type="checkbox"/> city bus <input type="checkbox"/> between terminals <input type="checkbox"/> other: _____ Are advance reservations for accessible ground transportation required? <input type="checkbox"/> yes <input type="checkbox"/> no	
7) "Unaccompanied-passenger" services (a higher level of assistance for individuals such as persons who have cognitive or intellectual disabilities) Contact name: _____ Telephone number: _____ Services required in terminal(s) prior to departure, during connections, and/or upon arrival: _____ _____ Services required on board: _____ _____	
8) Assistance with registration at check-in counter? <input type="checkbox"/> yes <input type="checkbox"/> no	
9) On departure, assistance to transfer from a passenger mobility aid* <ul style="list-style-type: none"> <input type="checkbox"/> at registration counter <input type="checkbox"/> at departure gate <input type="checkbox"/> between a mobility aid and a passenger seat <input type="checkbox"/> at aircraft/vehicle door 	

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9) <i>continued</i> On arrival, assistance to transfer to a passenger mobility aid <ul style="list-style-type: none"> <input type="checkbox"/> between a passenger seat and a mobility aid <input type="checkbox"/> at aircraft/vehicle door <input type="checkbox"/> at arrival gate <input type="checkbox"/> at baggage carousel* Request electric cart or carrier-provided wheelchair? <input type="checkbox"/> yes <input type="checkbox"/> no	
10) Assistance to get to the boarding gate/area? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify: _____ Assistance with short distances and stairs? <input type="checkbox"/> yes <input type="checkbox"/> no	
11) Assistance to board/deboard? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify: _____	
12) Assistance to store and retrieve carry-on baggage? <input type="checkbox"/> yes <input type="checkbox"/> no	
13) Is an on-board wheelchair available? <input type="checkbox"/> yes <input type="checkbox"/> no	
14) Is a tie-down available? <input type="checkbox"/> yes <input type="checkbox"/> no	
15) Meal-related services provided on-board <ul style="list-style-type: none"> <input type="checkbox"/> dietary requirements related to your disability <input type="checkbox"/> opening packages <input type="checkbox"/> identifying items <input type="checkbox"/> cutting large portions 	



Canadian
Transportation
Agency

Office des
transports du
Canada

Reservation Checklist

A step-by-step guide for planning your travel

Name _____

Date of travel _____

File/Locator no. _____

Phone/E-mail _____

Service provider (carrier) _____

Advise carrier of the nature of your disability

Obtain written confirmation of services to be provided

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16) Assistance to move to/from the onboard washroom (except by carrying)? <input type="checkbox"/> yes <input type="checkbox"/> no	
17) Assistance to get to a representative of another carrier in the same terminal? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify: _____	
18) Assistance to retrieve checked baggage? <input type="checkbox"/> yes <input type="checkbox"/> no	
19) Assistance to get <input type="checkbox"/> to the general public area <input type="checkbox"/> to a service animal relief area	
20) Carriage – free of charge – of a trained, certified and harnessed service animal at your seat Size (height, width, length in a standing position): _____ Verify space for service animal at your seat	
21) Carriage – free of charge – of your mobility aid (not counting towards checked baggage allowance)	
22) Carrier to issue a ticket to notify connecting carrier(s) of services to be provided	
23) Allergies Type of allergies: _____ Accommodation required: _____	

** There may be conditions or restrictions applicable to this service that should be discussed with your service provider.*

Contact Information:

Canadian Transportation Agency
Ottawa, ON K1A 0N9

Tel.: 1-888-222-2592

Fax: 819-997-6727

TTY: 1-800-669-5575

E-mail: info@otc-cta.gc.ca

Web site: www.cta.gc.ca

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1) Information in multiple formats on <input type="checkbox"/> itinerary <input type="checkbox"/> rates <input type="checkbox"/> disability-related services: _____ <input type="checkbox"/> other: _____ Multiple formats <input type="checkbox"/> e-mail <input type="checkbox"/> braille <input type="checkbox"/> text only	

Available in multiple formats

