



Reservation Checklist for Travel with a Mobility Aid: Air

Name: _____

Date(s) of travel: _____

Reservation no.: _____

Address: _____

Phone no.: _____ E-mail: _____

Service provider: _____

For the carrier

Provide this information to the carrier

Contact person &
Date notified

Mobility aid type

Small (braces, cane, crutches, walker) Scooter Wheelchair

If wheelchair or scooter:

Manual Electric Rigid Folding Collapsible

If electric, is it key operated?

Yes No

Key location _____

Dimensions of mobility aid

Stand up position

Width _____ Length _____ Height _____

Folded / collapsed (if applicable)

Width _____ Length _____ Height _____

Dimensions of aircraft

Type of aircraft _____

<p>Cargo hold dimensions Width _____ Height _____</p>	
<p>Weight of mobility aid</p>	
<p>Weight: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg</p> <p>Where should the mobility aid be held to lift and hand-carry it? _____</p> <p>Is there a picture with arrows that indicate where to lift? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Location of brake release</p>	
<p><input type="checkbox"/> Rear Left <input type="checkbox"/> Rear Right <input type="checkbox"/> Centre <input type="checkbox"/> Front Left <input type="checkbox"/> Front Right</p>	
<p>Type of battery (if applicable)</p>	
<p><input type="checkbox"/> Gel Cell (dry) <input type="checkbox"/> Non-spillable <input type="checkbox"/> Spillable <input type="checkbox"/> Lithium</p> <p>If Lithium, what type is it? (e.g. ion, polymer, metal, alloy) _____</p>	
<p>Instructions provided for:</p>	
<p>Disassembling / reassembling / folding mobility aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disconnecting battery (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered “No” to either of the above, please provide verbal instructions to the responsible staff at the airport.</p>	
<p>Passenger provides special tools required for:</p>	
<p>Disassembling / reassembling mobility aid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Disconnecting battery <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Removable parts stay with:		
	Stored mobility aid	Passenger in cabin
Head rest	<input type="checkbox"/>	<input type="checkbox"/>
Leg rests	<input type="checkbox"/>	<input type="checkbox"/>
Seat cushion	<input type="checkbox"/>	<input type="checkbox"/>
Joy stick	<input type="checkbox"/>	<input type="checkbox"/>
Arm rests	<input type="checkbox"/>	<input type="checkbox"/>
Side protectors	<input type="checkbox"/>	<input type="checkbox"/>
Chair back	<input type="checkbox"/>	<input type="checkbox"/>
Tray	<input type="checkbox"/>	<input type="checkbox"/>
Belts / straps	<input type="checkbox"/>	<input type="checkbox"/>
Wheels	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
For the traveller <i>Confirm this information with the carrier</i>		Contact person & Date confirmed
Notify carrier, at minimum, 48 hours in advance. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer confirmation that it can be carried on its side (if applicable)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preference of when to transfer to on board wheelchair (if applicable)		
<input type="checkbox"/> Check-in <input type="checkbox"/> Departure gate (if possible)		
Confirmations with the carrier		
Mobility aid will be carried as priority baggage <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobility aid will be carried free of charge <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>Check-in time (with enough time for carrier to safely store mobility aid) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Time: _____</p>	
Agreement for carrier to retain information on file for future travel	
<p>I agree that the carrier may retain this information for my personal file <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signature: _____</p> <p>Date: _____</p>	