



### Reservation Checklist for Travel with a Mobility Aid: Ferry

Name: \_\_\_\_\_

Date(s) of travel: \_\_\_\_\_

Reservation no.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Service provider: \_\_\_\_\_

#### Information to be provided / required

#### Contact person & Date confirmed / carrier notified

Notify carrier if it is possible (or not possible) to transfer to a regular seat.

Yes  No

#### Boarding the ferry

Elevator between main decks and vehicle decks

Yes  No

If no, is it possible to board via the gangway?

Yes  No

#### 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 _____	
Weight of mobility aid	
Mobility aid: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg	
Mobility aid with person: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg	