



Reservation Checklist for Travel with a Mobility Aid: Rail

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, at minimum, 48 hours in advance.

Yes No

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

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 _____

Folded / collapsed (if applicable)

Width _____ Length _____ Height _____

Dimensions of train car doors	
Type of train: _____ Passenger or baggage car door Width _____ Height _____	
Weight of mobility aid	
Weight: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg Mobility aid with person: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg Where should the mobility aid be held to lift and hand-carry it? _____ Is there a picture with arrows that indicate where to lift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of brake release	
<input type="checkbox"/> Rear Left <input type="checkbox"/> Rear Right <input type="checkbox"/> Centre <input type="checkbox"/> Front Left <input type="checkbox"/> Front Right	
Mechanical lift available at	
<input type="checkbox"/> Arrival <input type="checkbox"/> Departure	
Type of battery (if applicable)	
<input type="checkbox"/> Gel Cell (dry) <input type="checkbox"/> Non-spillable <input type="checkbox"/> Spillable	
Instructions provided for:	
Disassembling / reassembling / folding mobility aid <input type="checkbox"/> Yes <input type="checkbox"/> No Disconnecting battery (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No" to either of the above, please provide verbal instructions to the responsible staff at the station.	

Passenger provides special tools required for:

Disassembling / reassembling mobility aid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Disconnecting battery <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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Preference of when to transfer to on board wheelchair (if applicable)

<input type="checkbox"/> Check-in <input type="checkbox"/> Departure gate (if possible)	
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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"/>

Agreement for carrier to retain information on file for future travel

I agree that the carrier may retain this information for my personal file <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____	
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