



### 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><b>Weight of mobility aid</b></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><b>Location of brake release</b></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><b>Type of battery (if applicable)</b></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><b>Instructions provided for:</b></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><b>Passenger provides special tools required for:</b></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>	

<b>Removable parts stay with:</b>		
	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"/>
<b>For the traveller</b> <i>Confirm this information with the carrier</i>		<b>Contact person &amp; Date confirmed</b>
Notify carrier, at minimum, 48 hours in advance. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Manufacturer confirmation that it can be carried on its side (if applicable)</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Preference of when to transfer to on board wheelchair (if applicable)</b>		
<input type="checkbox"/> Check-in <input type="checkbox"/> Departure gate (if possible)		
<b>Confirmations with the carrier</b>		
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		

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