



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: _____ lbs kg

Mobility aid with person: _____ lbs kg