

Powered Mobility Aid information Form

If You are planning to travel with Your own mobility aid, please complete this form in capital letters and attach it to Your wheelchair/scooter.

Name of passenger: _____

Flight/Date: _____

Station of departure: _____

MOBILITY AID INFORMATION:

Chair type: Power ☐ Manual ☐

Battery type: Gel/Dry type (no spillable) ☐ Wet cell (Spillable) ☐ Lithium battery ☐
(Nickel- metal hydride)

Is your battery removable? Yes ☐ No ☐

Is the mobility aid key operated? Yes ☐ No ☐

Location of the key (where you've stored the key) _____

Chair weight: _____ lbs. ☐ kg ☐

Chair dims: Length _____ Width _____ Height _____

Location of brake release _____

Are there any removable parts? ☐ Yes ☐ No (e.g .Head rest/Leg rests)

List all removable parts _____