## **Customer Mobility Aid Information**



If you plan on traveling with your own wheelchair or other mobility aid, please complete and print this form. Please bring the completed form with you on the day of your travel and present it to airport personnel when checking your mobility aid. Tip: If possible, laminate this form and attach it to your mobility aid.

1.	Name of passenger:				
2.	Serial number:				
3.	Type:	Battery-powered	Manua	I	
4.	Battery type:	Gel/Dry Cell (Non-	-spillable)	Acid/Wet Cell (Spillable)	Lithium Ion
5.	Weight:	lbs.			
6.	Is the device operated by a key?				
	Yes No				
	If yes, please	list the location of the ig	gnition switch ar	nd where you've stored the key	
7.	How are the brakes or wheel locks released?				
8.	Which parts fold or collapse (if applicable)?				
9.	Are there any removable parts (e.g., foot rests, seat cushions, etc.)?				
	Yes (list below) No				
	If yes, please	enter the list of removes	able parts.		
10.	Will you bring any parts of the device onboard with you?				
	Yes (list below) No				
	If yes, please	enter any parts of the c	hair you plan to	bring into the aircraft cabin.	
11.	Are any tools required?				
	Yes (List and briefly describe function.)				
	If yes, list tools and briefly describe their function.				
	NOTE: Please provide airport personnel with any tools required to fold or dismantle your wheelchair.				
12.	Special instructions or precautions including how to deactivate/reactivate the battery:				
13.	If possible, add	a photo of your mobility	/ aid here and r	nark the best place to hold in o	rder to lift it.