

## 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 (Non-spillable)  Wet cell (Spillable)  Lithium Battery

**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** \_\_\_\_\_