

Wheelchair/Scooter Information Form

Please take the time to fill out this form before arriving at the airport, and provide as much information as possible. Either **present a copy of this form when checking your assistive device** or attach it to your assistive device so that we can assist you in the manner you require. Thank you, and have a wonderful flight!

Customer Name: _____ **Confirmation Number:** _____

Phone Number: () _____ **Destination:** _____

Alternate Phone Number: () _____

Motorized:

Wet Cell Battery/Spillable (*SWA to remove from chair*)

Dry Cell Battery/Nonspillable (*do not remove*)

Lithium-ion (Li-ion) Battery (*Battery will remain installed*)

Lithium-ion (Li-ion) Battery (*Battery will be removed and transported as a carryon item*)

Manual:

Foldable/Collapsible

Not Foldable/Collapsible

Instructions or Other Special Precautions:

Make/Model: _____

Color: _____

Chair Weight (estimate): _____



Indicate recommendations for where and how to lift.
 (You may attach a picture of your own wheelchair.)

Removable Parts:

Stay With Chair In Stowage		Stay With Passenger In Cabin
<input type="checkbox"/>	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"/>