Assistive Mobility Device Form



Aloha! For our guests traveling with a wheelchair or scooter, we encourage you to complete this form to help us better assist you with the handling of your assistive mobility device.

wh pc	ease place a photo of yo eelchair or scooter here ssible) and mark where d our chair in order to lit	e (if to
3. Chair or scooter type:	Battery Powered	Manual
4. Battery type:	Gel/dry cell (non-spilla Acid/wet cell (spillable Lithium	
5. Chair or scooter weight: _		lbs. kg.
6. Is there currently any dama	age to the wheelchair? I	If so, where?

Fold Here

7. Is it key operated? Yes No (Please list the location of the ignition switch and where you've stored the key.)
8. How are the brakes or wheel locks released?
9. Which parts fold or collapse (if applicable)?
10. Are there any removable parts (e.g., foot rests, seat cushions, etc.)? If so, please have these parts removed and secured for transportation with the wheel-chair or carried with you in the cabin. Yes (list below) No
11. Will you bring any parts of the wheelchair or scooter into the aircraft cabin? Yes (list below) No
Note: Removed parts must be in compliance with carry-on baggage dimensions and weight limitations. No parts over 25 lbs. and larger than carry-on baggage dimensions are allowed.
12. Are any tools required?
Yes (list and briefly describe function) No
Note: Passenger must provide airport personnel with their own tools required to fold or dismantle your wheelchair. Airport personnel will not provide these tools.
13. Special instructions or precautions including how to deactivate/reactivate and/or uninstall/install the battery.