

Powered Mobility Aid Information Form

Customer Contact Information

First Name:		Surname:	
Date:	Booking Ref:	Telephone:	
Address:		City:	Postal Code:

Mobility Aid Details

- Weight Kg
- Height Cm
- Width Cm
- Length Cm

Stowage and Prior Damage

	Cabin	Compartment	Prior Damage
Head Support			
Arm Support			
Foot Support			
Control (Joystick, etc.)			
Belts / Straps			
Wheels			
Seat Cushion			
Frame			
Seat side			
Assembly			
Total			

Is the mobility aid key operated?

Yes / Locations

No

Battery type:

WCLB – Lithium – Ion battery watt hours
(If removable, stowed in cabin)

WCBD – Gel / Dry cell battery (do not remove)

WCBW – Wet cell battery (not accepted – remove from chair)
(Shipped as **cargo only**)

Note:

- Please bring any specific tools required to handle your mobility aid
- Please print 2 copies of this form: affix one copy to your mobility aid and keep The second copy as a reference.

Additional Instructions:

Indicate where to lift / or adjust / fold / collapse the mobility aid.

Add any other relevant information related to the secure handling
Of your mobility aid.

Instructions:

Customer Signature: