



Wheelchair Description Form

Please complete this form prior to arrival at the airport, providing as much information as possible. This form should be presented at the time of check-in for your flight so that we can better assist you with understanding your specific device.

Customer Name: _____	Itinerary Number: _____
Phone Number: _____	Destination: _____
Alternate Phone Number: _____	Flight Date: _____
Motorized:	
<input type="checkbox"/> Wet Cell Battery/Spillable (<i>Removed from device</i>)	Manual:
<input type="checkbox"/> Dry Cell Battery/Non-Spillable	<input type="checkbox"/> Foldable/Collapsible
<input type="checkbox"/> Lithium-ion Battery (<i>Installed in device</i>)	<input type="checkbox"/> Not Foldable/Collapsible
<input type="checkbox"/> Lithium-ion Battery (<i>Collapsible, removable battery</i>)	
Make / Model: _____	Special Identifiers: _____
Color: _____	_____
Chair Weight (estimate): _____	_____
Identification Tag Attached (Y/N): _____	_____
Prior wheelchair damage: _____	

Disassembly Instructions / Precautions: _____	

Removable Parts Brought Onboard With Customer: _____	

Assembly Instructions / Precautions: _____	

Recommendations for Where and How to lift: _____	

