

Powered Mobility Aid Information Form

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

Customer Name:

Confirmation Number: **Destination:**

Phone Number:

Alternate Phone Number:

Powered mobility aid—Please select battery type:

- Wet cell battery / spillable (Avelo Airlines to remove from device)
- Dry cell battery / nonspillable (battery will remain installed)
- Lithium-ion (Li-ion) battery (battery will remain installed)
- Lithium-ion (Li-ion) battery (battery will be removed and transported in cabin)

Note:

When a battery remains installed in the device, the power source must be able to be isolated in order to prevent unintentional activation (e.g. key turned off and removed, securing power switch to "Off" position, or quick disconnection of controls).

Powered mobility aid—Please select:

- Foldable / collapsible
- Not foldable / collapsible

Total Weight:

_____ lbs

| Removable parts | Stay with device | Stow in cabin |
|---------------------|--------------------------|--------------------------|
| Head rest | <input type="checkbox"/> | <input type="checkbox"/> |
| Leg rest | <input type="checkbox"/> | <input type="checkbox"/> |
| Seat cushion | <input type="checkbox"/> | <input type="checkbox"/> |
| Control stick | <input type="checkbox"/> | <input type="checkbox"/> |
| Arm rest(s) | <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 (please note) | <input type="checkbox"/> | <input type="checkbox"/> |



Please indicate recommendations from where and how to lift. You may attach a picture of your own wheelchair or mobility aid.