



SPECIAL SERVICES FORM

Last Name _____

First Name(s) _____ / _____

Airline / Flight No. _____ Seat No. _____ Date _____

From: _____ To: _____

Airline / Flight No. _____ Seat No. _____ Date _____

From: _____ To: _____

Airline / Flight No. _____ Seat No. _____ Date _____

From: _____ To: _____

- Wheelchair

Able to ascend / descend stairs

Unable to ascend / descend stairs

Battery power - wet

Battery power - dry / gel

Aisle chair required

Has own manual power wheelchair

Needs onboard wheelchair

Blind / sight impaired

Deaf / hard of hearing

MAAS for Customers with disabilities

DISTRIBUTION : **WHITE** – Origin Station **BLUE** – Origin Fit. Attendant
CANARY – Connecting Station **GOLDENROD** – Connecting Fit. Attendant