

Please complete this form at your leisure prior to arrival at the airport. Present a copy each time you check in for a flight where it is necessary to check your wheelchair for stowage.

Name _____

Destination Phone _____

Confirmation # _____

Alternate Phone _____

Flight Date _____

Depart City _____	Flight # _____
Arrival City _____	Depart Time _____

Depart City _____	Flight # _____
Arrival City _____	Depart Time _____

Depart City _____	Flight # _____
Arrival City _____	Depart Time _____

Motorized:

- Wet Cell Battery (remove from wheelchair)
- Gel Battery (do not remove)
- Lithium-ion Battery
(remove from wheelchair)

Manual:

- Foldable/Collapsible
- Not Foldable/Not Collapsible

Please list prior wheelchair damage: _____

**Weight of WCHR.**

Wheelchair Disassembly Instructions: _____

Wheelchair Assembly Instructions: _____

Items Brought On Board The A/C With Passenger: _____
