



Mobility Device Handling Form

English only

Name of Customer : _____

Mobile # (for contact during travel) : (_____)

Device Weight: lbs./kg

Dimensions of device:

Length	Width	Height	
		Not folded	If folded/reclined
IN/CM	IN/CM	IN/CM	IN/CM

Battery Type	Check Battery Type
Lithium-ion (Li-ion) Battery, Watt Hours: _____	<input type="checkbox"/>
Dry or Gel Battery/Non-spillable	<input type="checkbox"/>
Wet Cell Battery/Spillable	<input type="checkbox"/>
None (Manual wheelchair)	<input type="checkbox"/>

Accidental activation prevention methods

(Circle if the method is applicable, or describe the instruction)

Turn off main power	Remove the key	Disconnect joystick cable
Others: _____		

Please indicate recommendation for where to lift & location of brake release:



Other important information for agents to know about your device:
Freewheel (neutral) lever location? _____

Removable Parts	With Device	With Customer	None
Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Cushion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Rest / Side guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belts/Straps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries/Boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any pre-existing damage?	Y / N	Describe:
May we fold, recline, collapse the device?	Y / N	Instructions:
If the motorized device doesn't fit in upright position, do you approve to tilt or load on its side?	Y / N	Instructions:

Delta use Only

Please leave blank for customer service representative to fill out

Record Locator #: _____

Routing: _____ Final Destination:

Airline code/Flight #	Date	Dept City	Arr City	Device needed upon arrival
				Y / N
				Y / N
				Y / N

I have verified with customer that all information is accurate and reviewed.
Agent Initial

Additional Notes: _____