

POWERED MOBILITY AID INFORMATION FORM

CUSTOMER'S CONTACT INFORMATION					
FIRST NAME	LAST	NAME			
ADDRESS	UNIT/	APT	TOWN/CITY		
PROVINCE	POST	POSTAL CODE COUNTRY/REGION		Y/REGION	
EMAIL	TELEI	TELEPHONE		BOOKING REFERENCE	
MOBILITY AID DETAILS					
BRAND:	MODEL:				
WEIGHT (with battery)		WIDTH			
LENGTH		HEIGHT			
POWER SOURCE DISCONNECTION: Ignition sw	Ignition switch key operated		Batt	tery Disconnect	
BATTERY TYPE: Lithium-ion Watt h	nours	Gel/Dry			
Extra battery pack:		Wet cel			

STOWAGE AND PRIOR DAMAGE

	Stowage Cabin	Stowage Cargo	Prior Damage
Head support			
Arm support			
Foot support			
Control (joystick, etc.)			
Belts/Straps			
Wheels			
Seat cushion			
Frame			
Seat side guards			
Assembly tools			





ADDITIONAL INSTRUCTIONS

Indicate where to lift and/or how to adjust/fold/collapse the mobility aid. Add any other relevant information related to the secure handling of your mobility aid.

Note:

- Please bring any speciality tools required to handle your mobility aid.
- Print 2 copies of this form: affix one copy to your mobility aid and keep the second copy as a reference.

CUSTOMER SIGNATURE	DATE