



POWERED MOBILITY AID INFORMATION FORM

CUSTOMER'S CONTACT INFORMATION

FIRST NAME	LAST NAME		
ADDRESS	UNIT/APT	TOWN/CITY	
PROVINCE	POSTAL CODE	COUNTRY/REGION	
EMAIL	TELEPHONE	BOOKING REFERENCE	

MOBILITY AID DETAILS

BRAND: _____	MODEL: _____	
WEIGHT (with battery) _____	WIDTH _____	
LENGTH _____	HEIGHT _____	
POWER SOURCE DISCONNECTION:	Ignition switch key operated	Battery Disconnect
BATTERY TYPE:	Lithium-ion _____ Watt hours	Gel/Dry
	Extra battery pack:	Wet cell

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			

