



AIR TRANSAT REQUEST FOR TRANSPORT OF MOBILITY AIDS AND ASSISTANCE

Thank you for choosing Air Transat.

Before you fly, please tell us about your mobility aid and how we can best assist you during your journey.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Passenger Last Name</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>First Name</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Departure Airport</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Arrival Airport</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Email</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Passenger Last Name	<input style="width: 90%;" type="text"/>	First Name	<input style="width: 90%;" type="text"/>	Departure Airport	<input style="width: 90%;" type="text"/>	Arrival Airport	<input style="width: 90%;" type="text"/>	Email	<input style="width: 90%;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Departure Date</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Return Flight Date</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Booking number</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Phone (+ area code)</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Preference:</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Departure Date	<input style="width: 90%;" type="text"/>	Return Flight Date	<input style="width: 90%;" type="text"/>	Booking number	<input style="width: 90%;" type="text"/>	Phone (+ area code)	<input style="width: 90%;" type="text"/>	Preference:	<input style="width: 90%;" type="text"/>																				
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<p>Thank you for returning this form no later than 7 days prior to departure to: request@airtransat.com</p> <p>If possible, please include a picture of your mobility aid.</p> <p>Please present a printed copy of this form at each departure airport.</p>																																									



AIR TRANSAT REQUEST FOR TRANSPORT OF MOBILITY AIDS AND ASSISTANCE

Before you fly, please tell us about what kind of assistance we can provide.

When I am not using my mobility aid, I will require a wheelchair for the following:

I can walk short distances, and **can** go up and down stairs

I can walk short distances, but **cannot** go up and down stairs

I require a wheelchair at all times if not using my own mobility aid. I require assistance to reach the aircraft seat and am not independantly mobile.

Some aids cannot be carried because of their weight and size, depending on the operating aircraft. Please verify with Air Transat before booking for any restrictions, and consult www.airtransat.com/travelinfo for aircraft specific limitations.

Gate delivery of personal mobility aids is available where permitted by regulation. Consult www.airtransat.com for airports where gate delivery may not be possible.

Is there any additional information we need to know?

**Please return this form no later than 7 days prior to departure to: request@airtransat.com
Please present a printed copy at each departure airport.**

For Air Transat use only

Booking reference
Outbound flt #
Outbound flt date
Dep stn
Arr stn
SSR

Added to APML x 2
Inbound flt #
Inbound flt date
Dep stn
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