EL AL's Mobility Aid decleration Form

Please fill in the following form and Submit to flightaid@elal.co.il

El Al will include your mobility aid and the battery model in the list of all the mobility aids and batteries approved for flights in El Al.

You must notify 48 hours prior to your future flights to EL AL customer service center that you take mobility aid and inform the model name of the mobility aid and the battery by mail.

Passenger name: _____ Reservation code (6 characters):_____

Flights no: _____ Flights dates: _____

Mobility aid type: Manual / Electric. Scooter/Wheelchair

Mobility aid Model Name: _____

Mobility aid Manufacture:_____

Information can be found on the battery label

Battery Model and/or Product Name:_____

Battery Manufacture:_____

Manufacture/Supply battery



IATA Approval

- If the mobility aid cannot be loaded in the upright position and it's weight is under 32 kgs, we have to store it on its side.

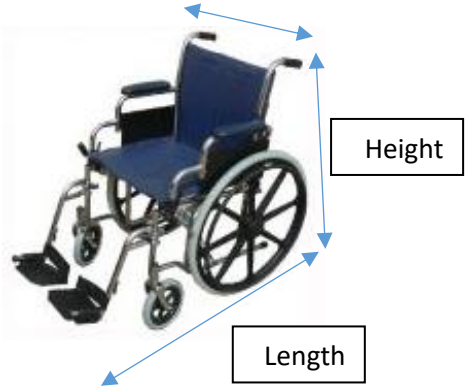
The mobility aid in collapsed state:

Mobility Aid Height (cm): _____

Mobility Aid Width (cm): _____

Mobility Aid Length (cm): _____

Mobility Aid Weight (kgs): _____



Battery type: (please provide specification or Material Safety Data Sheet (MSDS))
(circle the appropriate type)

non-spillable (Gel/Dry cell/ Lead Acid)/wet cell (spillable) / Lithium

Is the mobility aid designed to allow for battery removal by the user? Yes / No

- If available, please provide instructions on how to deactivate or isolate the battery.

_____

For Non-spillable batteries:

Does the battery meet the requirements of IATA, special provision A67? Yes/No

- Please provide any documentation or photograph of the data plate to show compliance with the above mentioned specification.

For lithium batteries only:

Does the battery meet the requirements of the *UN Manual of Tests and Criteria, part III, subsection 38.3*? Yes/No

- Please provide any documentation or other approval such as battery picture comply the required specification.

What is the energy of the battery, Watt Hour (WH):_____

Or

Volt and Amper hour (V, AH) _____

- Please provide specification or photograph of the data plate to show compliance with the above mentioned parameters.

Passenger Signature: _____ Date: _____

Note: if you are not sure of the answer to any of these questions, please ask your mobility aid manufacturer/supplier for information/assistance before travelling