ADDITIONAL INFORMATIONS FOR MOBILITY AIDS

If you use a wheelchair (manual or motorized) or/and a scooter type wheelchair (three or four wheels) for transportation, please fill out this form :

First name: _____ Customer number: _____

Last name: _____

Address: _____ Apt. _____

City: _____ Postal code: _____

Email: _____

WHEELCHAIR 1: ☐ Manual ☐ Motorized ☐ Trip/Four-wheel scooter

MAKE: _____ **MODEL**: _____

WIDTH: _____ inches **LENGTH**: _____ inches

WHEELCHAIR 2: ☐ Manual ☐ Motorised ☐Trip/Four-wheel scooter

MAKE: _____ **MODEL**: _____

WIDTH: _____ inches **LENGTH:** _____ inches

In order to remain seated in a wheelchair during transportation, customers must validate its compliance with Transport Canada regulations from its manufacturer or retailer

To travel with your wheelchair as a mobility aid, it must not exceed **29 inches (81 cm)** wide and **50 inches (127 cm)** long as mentioned in our customer guide.

The RTL reserves the right to verify, at any time, compliance with laws and regulations.

Customer commitment:

I undertake to inform RTL's paratransit service of any change in my mobility aid.

Signature: _____ Date: _____

Section reserved for use by the Réseau de transport de Longueuil

Signature du représentant du RTL : _____

Date: _____ ☐ Document inclus au dossier

Classement de l'aide à la mobilité: ☐ Conforme ☐ Non conforme