

Mobility Assistance Request Form

We can provide support and assistance for passengers with disabilities or reduced mobility using reasonable and practical measures. Please complete this form and return it via email to PZOperations@sloanehelicopters.com or via post to Penzance Helicopters, Penzance Heliport, Jelbert Way, Long Rock, Penzance TR18 3FL.

FLIGHT AND PASSENGER DETAILS

First name: _____

Last name: _____

Contact number: _____

PNR booking number: _____

Outbound flight number: _____ Date: _____

Return flight number: _____ Date: _____

TYPE OF ASSISTANCE REQUIRED

I need assistance getting to the helicopter

I have a sight impairment

I have a hearing impairment

I need assistance carrying luggage

Additional information or other:
