

**ANNEX 3**

**LEGAL QUESTIONNAIRE TO NEBs**

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| <b>DATE:</b>                              | <b>15 February 2010</b>  |
| <b>FROM:</b>                              | <b>PHILIPPE &amp; PARTNERS</b>   |
| <b>TO:</b>                                | <b>Competent authorities of Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom.</b>                       |
| <b>SUBJECT</b>                            | <b>Legal questionnaire to the competent authorities in the framework of the EC TENDER TREN/A3/MSK/TMN D (2009) – <i>“Assessment on rules on penalties applicable to infringements of the Regulation 1107/2006, concerning the rights of disabled persons and persons with reduced mobility when travelling by air”</i></b> |
| <b>DEADLINE FOR PROVIDING THE ANSWERS</b> | <b><i>Monday 1<sup>st</sup> March 2010</i></b>   |

**I. PURPOSE OF THIS QUESTIONNAIRE**

On 24 December 2009 PHILIPPE & PARTNERS was selected by the European Commission for performing the EC study on *“Assessment on rules on penalties applicable to infringements of the Regulation 1107/2006, concerning the rights of disabled persons and persons with reduced mobility when travelling by air”*. The purpose of the study is to assess the rules on penalties applicable to the implementation of the Regulation (EC) 1107/2006 concerning the rights of disabled persons (“**DP**”) and persons with reduced mobility (“**PRM**”) when travelling by air (hereafter referred to as the “**the Regulation**”) in each Member State. It consists in the analysis of the role of body or bodies responsible(s) for the enforcement of this Regulation (“**NEB**”) and of other bodies involved in the assistance of DPs and PRMs, such as tour operators, air carriers, assistance services and managing bodies (hereafter referred to as “**the Operators**”), the rules regarding liabilities, penalties and procedures under each jurisdiction. The study must cover all twenty-seven Members States.

As indicated in the letter (attached) of the Commission dated 21 January 2010, Philippe & Partners has, in the framework of the Study been requested by the Commission ***to contact the competent national authorities NEBs with the overall aim to collect all relevant information for the Study.***

Answering this questionnaire is of the utmost importance in order to allow the performance/completion of the Study, as wished by the Commission. ***The Commission strongly encourages the addressees of this questionnaire to provide necessary answers.***

**II. TIMING**

The timing set up by the Commission for answering this questionnaire is **Monday 1<sup>st</sup> March 2010 at the latest**. Therefore, you are kindly invited to answer and return to us this questionnaire before this date.

Philippe & Partners is grateful for your collaboration.

**III. QUESTIONNAIRE**

**1. INFORMATION REGARDING RESPONDENT, INCLUDING COMPETENCE**

*This is to be filled in by the respondent of this questionnaire:*

| Information regarding respondent          |  |
|---|--|
| Name of the institution:                  |  |
| Jurisdiction for which it is competent:   |  |
| Address:                                  |  |
| Contact person(s) for this questionnaire: | Name:<br>Function:<br>Phone:<br>Email address: |

***Important remark: should your institution not be competent for answering this questionnaire (or parts of it), could you please indicate it in the following table, including which institution (ministry, etc.) you believe is competent:***

| Information regarding competence  |   |                          |
|---|---|--------------------------|
|   | Yes   | No                       |
| I am competent for answering this questionnaire (or parts of it)?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| If not, the following institution(s) is (are) competent for answering this questionnaire (or part of it): | Name:<br>Contact person:<br>Function:<br>Phone:<br>Email address: |                          |

**2. EXPLANATIONS REGARDING QUESTIONNAIRE**

The questionnaire contains three parts. The first part concerns specific questions regarding the implementation of the obligations issued from the Regulation. The second part concerns general questions regarding the liability regime and the procedure with the aim to have a good understanding of the way DPs and PRMs can obtain compensation under your jurisdiction. The third part concerns general questions related to penalties. Finally, the last page of the questionnaire contains an optional question. We invite you to specify all additional comments you would like to formulate on achievements, difficulties and suggestions on the implementation of rules issued from the Regulation and your general view on the condition of DPs and PRMs.

***You are kindly requested to respond to the questionnaire from the perspective of the jurisdiction for which you are competent. For the speed of work, most questions are drafted in a way to allow straightforward yes or no answers. Please answer yes or no by ticking the tick box (to tick the tick box, click in the box with the mouse and select the checked function). Some questions require however a brief description. In the latter case, please respond by providing a brief description in the dedicated column.***

***Should you have any further questions in respect of this questionnaire, please contact Zinaida Ieseanu at [zieseanu@philippe-law.eu](mailto:zieseanu@philippe-law.eu) or at +32 497 33 06 95.***

Yours sincerely

Denis PHILIPPE and Zinaida IESEANU  
PHILIPPE & PARTNERS

**A. THE IMPLEMENTATION OF THE OBLIGATIONS ISSUED FROM THE REGULATION**

|   |                          |                          | Explanation |
|---|--------------------------|--------------------------|-------------|
|   | Yes                      | No                       |             |
| <b>1. Identification of DPs and PRMs</b>  |                          |                          |             |
| 1.1. Could you please specify whether the Regulation under your jurisdiction is applicable to the following persons:              |                          |                          |             |
| a. Persons with physical disability (sensory or locomotors, permanent or temporary);  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| b. Persons with intellectual disability or impairment;  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| c. Persons with any other cause of disability. If yes, please explain;  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| d. Persons with reduced mobility due to age reasons;  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| e. Persons with reduced mobility due to weight reasons;   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| f. Other persons?   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| 1.2. What are the criteria used in order to identify DPs or PRMs:   |                          |                          |             |
| a. Under simple declaration;  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| b. Other formalities. If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| 1.3. Are there separate criteria used in order to identify PRMs? If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| 1.4. Could you please specify whether in case of refusal to identify a person as DP or PRM, the Operators have the obligation to: |                          |                          |             |
| a. Motivate in writing the refusal to the concerned person;   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| b. Report the refusal to the NEB;   | <input type="checkbox"/> | <input type="checkbox"/> |             |

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| c. Report the refusal to other authority. If yes, please explain;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. No specific obligation.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.5. Could you please explain how the NEB supervises the correct identification of DPs and PRMs by the Operators?   |                          |                          |  |
| 1.6. Could you please specify whether it exists under your jurisdiction a specific procedure in case the Operators refuse to identify a person as DP or PRM? If yes, please explain.                      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.7. Are there penalties applicable in case of unjustified refusal of identification of a person as DP or PRM? If yes, please specify the provision foreseeing such penalties.                            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.8. Do you have knowledge of the existence under your jurisdiction of cases of refusal of identification of a person as DP or PRM? If yes, please explain how these cases were solved.                   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>2. <u>Refusal of carriage</u></b>  |                          |                          |  |
| 2.1. Could you please specify for which reasons Operators can refuse to accept reservation for DPs and PRMs for a flight under your jurisdiction:   |                          |                          |  |
| a. In order to meet applicable safety requirements. If yes, please provide us with examples of such safety requirements;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Due to the size of the aircraft or its doors which makes the embarkation physically impossible. If yes, please provide us with examples (type of aircraft, type of physical condition of DPs or PRMs); | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Due to the lack of appropriate personnel;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Due to the lack of appropriate aircraft equipment;   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| e. Due to an increased number of DPs or PRMs on the same flight;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other reasons. If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2.2. Could you please specify the reasons for which under your jurisdiction the Operators can refuse to embark DPs and PRMs with a valid reservation:  |                          |                          |  |
| a. In order to meet applicable safety requirements. If yes, please provide us with examples of such safety requirements;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Due to the size of the aircraft or its doors which makes the embarkation physically impossible. If yes, please provide us with examples (type of aircraft, type of physical condition of DPs or PRMs, etc.);                            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Due to the lack of appropriate personnel;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Due to the lack of appropriate aircraft equipment;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Due to an increased number of DPs or PRMs on the same flight;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other reasons. If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2.3. Could you please explain how the NEB supervises the rights of DPs and PRMs to be accepted for reservation and embarkation?  |                          |                          |  |
| 2.4. Could you please explain at which moment the DPs and PRMs are informed about the refusal of reservation and/or embarkation?   |                          |                          |  |
| 2.5. Could you please specify whether the Operators are obliged to communicate to DPs and PRMs the reasons of such refusal? If yes, could you please explain if (a) this refusal must be notified by writing and (b) it exists a deadline? | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2.6. Are there penalties applicable in case of unjustified refusal of reservation or embarkation of DPs or PRMs? If yes, please specify the provision  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| foreseeing such penalties.   |                          |                          |  |
| 2.7. Do you have knowledge of the existence under your jurisdiction of cases of refusal of reservation or embarkation of DPs or PRMs? If yes, please explain how these cases were solved.                            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>3. <u>Obligation in case of refusal of carriage</u></b>   |                          |                          |  |
| 3.1. Could you please specify whether it exists under your jurisdiction alternatives offered to DPs and PRMs in case of refusal of reservation? If yes, please specify these alternatives.                           | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3.2. Could you please specify whether it exists under your jurisdiction alternatives offered to DPs and PRMs in case of refusal of embarkation? If yes, please specify whether the Operators have the obligation to: | <input type="checkbox"/> | <input type="checkbox"/> |  |
| a. Offer the possibility of another flight. If yes, please specify if there is a deadline to the departure of the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Reimburse the cost of the ticket. If yes, please specify within which deadline;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Reimburse the cost of the ticket and other expenses due to this refusal;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Pay compensation;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Offer re-routing, under comparable transport conditions;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Offer the choice between reimbursement of the ticket and re-routing under comparable transport conditions;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. Other obligatory alternatives. If yes, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3.3. Could you please explain how the NEB supervises the respect by the Operators of the obligation to offer to DPs and PRMs acceptable alternative solution?  |                          |                          |  |
| 3.4. Are there penalties applicable in case of lack of   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| alternatives or unacceptable alternatives offered to DPs and PRMs? If yes, please specify the provision foreseeing such penalties.   |                          |                          |  |
| 3.5. Do you have knowledge of complaints/cases due to the lack of alternatives or unacceptable alternatives offered to DPs and PRMs? If yes, please explain how these cases were solved.     | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>4. Requirement to be accompanied by another person</b>  |                          |                          |  |
| 4.1. Have the Operators under your jurisdiction the right to require from DPs and/or PRMs to be accompanied by another person?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4.2. If you responded yes to the previous question, could you please specify the conditions under which the Operators can require from DPs and/or PRMs to be accompanied by another person : |                          |                          |  |
| a. No specific condition;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Lack of specific personnel;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Special physical condition of DP or PRM;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Safety reasons. If yes, please explain;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Security reasons. If yes, please explain;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other reasons. If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4.3. If you answered yes at the question 4.1, could you please indicate whether the requirement to be accompanied by another person is applicable:   |                          |                          |  |
| a. Until the embarkation gate;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Until the aircraft seat;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. During the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Other. If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4.4. Could you please explain how the NEB supervises the requirements of the Operators to oblige DPs and PRMs to be accompanied by another person?   |                          |                          |  |
| 4.5. Are there penalties applicable in case the Operators oblige and/or abuse of their right to oblige DPs   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| and/or PRMs to be accompanied by another person? If yes, please specify the provision foreseeing such penalties.  |                          |                          |  |
| 4.6. Do you have knowledge of complaints/cases of abuses of Operators in obliging DPs or PRMs to be accompanied by another person? If yes, please explain how these cases were solved.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>5. <u>Points of arrival and departure</u></b>  |                          |                          |  |
| 5.1. Could you please specify whether specific points of arrival and departure are designated in all airports under your jurisdiction in order to allow DPs and PRMs to announce their arrival at the airport and to request assistance? If yes, could you please specify whether these points are: | <input type="checkbox"/> | <input type="checkbox"/> |  |
| a. Located inside terminal buildings;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Located outside terminal buildings;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Located both inside and outside terminal buildings;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Clearly signed in accessible format;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Likable to offer basic information about the airport;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Likable to indicate where appropriate assistance is offered to DPs and PRMs;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. Likable to offer appropriate assistance to DPs and PRMs which demand such assistance.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 5.2. Could you please explain how the NEB supervises the existence of these points and the services provided at the points of arrival and departure?  |                          |                          |  |
| 5.3. Are there penalties applicable to the managing body of the airport in case there are no points of arrival and departure or these points are not visible or they do not offer basic information about the airport? If   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| yes, please specify the provision foreseeing such penalties.   |                          |                          |  |
| 5.4. Do you have the knowledge of claims/cases related to the failure of these points? If yes, please explain how these cases were solved.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>6. Demand of assistance</b>   |                          |                          |  |
| 6.1. Could you please specify how DPs and PRMs can notify to the Operators their need of specific assistance:  |                          |                          |  |
| a. The Operators are obliged to request the need of assistance at the reservation;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. The need of assistance must be demanded when buying the ticket online;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. The need of assistance could be demanded any time by phone or via website;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Other. If yes, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6.2. Could you please specify whether there is a need of notification by DPs or PRMs in order to receive this special assistance? If yes, please specify whether the assistance provided to DPs and PRMs is subordinated to a notification at least: | <input type="checkbox"/> | <input type="checkbox"/> |  |
| a. 5 days before the flight;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. 72 hours before the flight;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. 48 hours before the flight;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. 24 hours before the flight;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. 2 hours before the flight.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other. If yes, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6.3. When a need of assistance is notified within the deadline specified at the question 6.2, do the Operators have the duty to :  |                          |                          |  |
| a. Inform a specific authority. If yes, please specify;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Inform a specific coordinator in charge   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| of assistance of DPs and PRMs. If yes, please specify;  |                          |                          |  |
| c. Inform the managing body of the airports of departure;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Inform the managing body of the airports of arrival;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Inform the managing body of the airports of transit;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Inform the operating air carrier;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. Other. If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| If there is a deadline in which the Operators should transmit this need of assistance, please specify.  |                          |                          |  |
| 6.4. Could you please specify whether other formalities are required in order to enable DPs and PRMs to benefit from the special assistance in the transit and arrival airports?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6.5. Could you please explain how the NEB supervises the coordination of the demand of assistance of DPs and PRMs between the Operators under your jurisdictions and the Operators of the transit and arrival airports?                   |                          |                          |  |
| 6.6. Are there penalties applicable to the Operators in case of lack of transmission or delayed transmission of the demand of assistance of DPs and PRMs to the managing body/other Operators of departure, transit and arrival airports? | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6.7. Do you have the knowledge of the existence of cases or claims related to the failure of transmission? If yes, please explain how these cases were solved.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>7. <u>Right to assistance at airports</u></b>  |                          |                          |  |
| 7.1. Could you please specify whether the managing body under your jurisdiction provide the following assistance to DPs and PRMs:   |                          |                          |  |

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| <p>a. Help to communicate their arrival at an airport and their request for the assistance at the designated points of arrival and departure as indicated under the question 5.1;</p>  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <p>b. Furnish wheelchairs or other assistance needed. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;</p>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <p>c. Move from a designated point to the check-in counter. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;</p>   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <p>d. Check-in and register baggage. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;</p>  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <p>e. Proceed from the check-in counter to the aircraft with completion of emigration, customs and security procedures. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;</p> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <p>f. Board the aircraft, with the provision of lifts, wheelchairs or other assistance needed, as appropriate. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;</p>          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <p>g. Proceed from the aircraft door to their seats. If yes, please specify how exactly this assistance is provided and which</p>  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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|----|---|--------------------------|--------------------------|--|
|    | body is charged with carrying it out;   |                          |                          |  |
| h. | Store and retrieve baggage on the aircraft. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| i. | Proceed from their seats to the aircraft door. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| j. | Proceed from the aircraft to the baggage hall and retrieve baggage, with completion of immigration and customs procedures. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| k. | Proceed from the baggage hall to a designated point. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| l. | Reach connecting flights when in transit, with assistance on the air and land sides and within and between terminals. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| m. | Move to the toilet (in the airport) if required. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| n. | Allow an accompanying person of DPs and PRMs to provide assistance in the   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| airport and with embarking and disembarking. If yes, could you please specify if in such case, additional assistance is provided under request;   |                          |                          |  |
| o. Handle all necessary mobility equipment (including electric wheelchair). If yes, please specify how exactly this service is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| p. Replace temporary of damaged or lost mobility equipment. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;                 | <input type="checkbox"/> | <input type="checkbox"/> |  |
| q. Handle of recognised assistance dogs. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;                                    | <input type="checkbox"/> | <input type="checkbox"/> |  |
| r. Communication of information needed by DPs and PRMs to take flights, in accessible format. If yes, please specify how exactly this service is provided;                              | <input type="checkbox"/> | <input type="checkbox"/> |  |
| s. Other type of assistance. If yes, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.2. Could you please explain how the services provided under the question 7.1 are coordinated?   |                          |                          |  |
| 7.3. Could you please specify whether these services are provided directly by the managing body or there are specific bodies under contract for the supply of this assistance?          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.4. Could you please specify whether the assistance under the question 7.1 is subordinated to a notification at least :  |                          |                          |  |
| a. 5 days before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| b. 72 hours before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. 48 hours before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. 24 hours before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. 2 hours before the flight?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.5. Could you please specify whether DPs and PRMs shall comply with other requirements in order to benefit from the services under the question 7.1? If yes, please specify these requirements.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.6. Could you please specify whether the notification under the question 7.4 covers the need of assistance:  |                          |                          |  |
| a. During the departure only (until the aircraft);  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. During the departure (including the flight);   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. During the departure (including the flight) until the arrival (including transits);  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. During the departure flight (including the flight, the transit and the arrival) and the return flight (including the departure, the flight, the transit and the arrival).  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.7. Could you please specify whether the services under the question 7.1 are provided in case DPs and PRMs do not comply with the notification under the deadline of 7.4? If yes, please specify under which conditions and for which services under the question 7.1 such assistance is provided. | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.8. Could you please explain how the NEB supervises the existence and the carry out of the services provided under the question 7.1?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.9. Are there penalties applicable in case of failure to   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| provide these services? If yes, please specify the provision foreseeing such penalties.   |                          |                          |  |
| 7.10. Do you have knowledge of the existence of claims/cases related to the failure of these services? If yes, please explain briefly how these cases were solved.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.11. Could you please specify whether the managing body under your jurisdiction provide the following assistance to DPs and PRMs in transit through an airport of your jurisdiction:   |                          |                          |  |
| a. Help to communicate their arrival at an airport and their request for the assistance at the designated points of arrival and departure as indicated under the question 5.1;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Move from a designated point to the check-in counter. If, yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Check-in and register baggage. If, yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Proceed from the check-in counter to the aircraft with completion of emigration, customs and security procedures. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Board the aircraft, with the provision of lifts, wheelchairs or other assistance needed, as appropriate. If yes, please specify how exactly this assistance is   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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|    | provided and which body is charged with carrying it out;   |                          |                          |  |
| f. | Proceed from the aircraft door to their seats. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. | Store and retrieve baggage on the aircraft. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| h. | Disembark from the aircraft, with the provision of lifts, wheelchairs or other assistance needed, as appropriate. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| i. | Proceed from their seats to the aircraft door. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| j. | Proceed from the baggage hall to a designated point. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| k. | Reach connecting flights when in transit, with assistance on the air and land sides within and between terminals. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| l. | Move to the toilet (in the airport) if required. If yes, please specify how exactly this assistance is provided and  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| which body is charged with carrying it out;   |                          |                          |  |
| m. Allow an accompanying person of DPs and PRMs to provide assistance in the airport, with embarking and with disembarking. If yes, please specify if in such case additional assistance is provided under request; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| n. Handle all necessary mobility equipment (including electric wheelchair). If yes, please specify how exactly this service is provided and which body is charged with carrying it out;                             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| o. Replace temporary of damaged or lost mobility equipment. If yes, please specify how exactly this service is provided and which personnel is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| p. Handle of recognised assistance dogs. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| q. Communication of information needed by DPs and PRMs to take flights, in accessible format. If yes, please specify how exactly this service is provided;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| r. Other type of assistance. If yes, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.12. Could you please explain how the services provided under the question 7.11 are coordinated?   |                          |                          |  |
| 7.13. Could you please specify whether DPs and PRMs shall comply with specific requirements in order to benefit from the services under the question 7.11. If yes, please specify these requirements.               | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| 7.14. Could you please explain how the NEB supervises the existence of the assistance provided under the question 7.11?  |                          |                          |  |
| 7.15. Could you please specify whether the assistance under the question 7.11 is subordinated to a prior notification by the Operators/Authorities of the departure flight? If yes, please explain how this notification is coordinated? | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.16. Are there penalties applicable in case of failure to provide these services? If yes, please specify the provision foreseeing such penalties.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.17. Do you have knowledge of the existence of claims/cases related to the failure of these services? If yes, please explain briefly how these cases were solved.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.18. Could you please specify whether the managing body under your jurisdiction provide the following assistance to DPs or PRMs on their arrival by air at the airports under your jurisdiction:  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| a. Help to communicate, if relevant, their arrival at an airport and their request for the assistance at the designated points of arrival and departure as indicated under the question 5.1;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Store and retrieve baggage on the aircraft. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Proceed from their seats to the aircraft door. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Disembark from the aircraft, with the   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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|    | provision of lifts, wheelchairs or other assistance needed, as appropriate. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  |                          |                          |  |
| e. | Furnish wheelchairs or other assistance needed. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. | Proceed from the aircraft to the baggage hall and retrieve baggage, with completion of immigration and customs procedures. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. | Proceed from the baggage hall to a designated point. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| h. | Move from a designated point to the check-out counter. If yes, please specify how exactly this assistance is provided and which personnel is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| i. | Proceed from the check-out counter to the exit with completion of emigration, customs and security procedures. If yes, please specify how exactly this assistance is provided and which body is charged with carrying it out;             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| j. | Move to the toilet (in the airport) if required. If yes, please specify how   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| exactly this assistance is provided and which body is charged with carrying it out;  |                          |                          |  |
| k. Allow an accompanying person of a DP or a PRM to provide assistance in the airport and with disembarking. If yes, could you please specify if in such case additional assistance is provided under request; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| l. Handle all necessary mobility equipment (including electric wheelchair). If yes, please specify how exactly this service is provided and which body is charged with carrying it out;                        | <input type="checkbox"/> | <input type="checkbox"/> |  |
| m. Replace temporary of damaged or lost mobility equipment. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| n. Handle of recognised assistance dogs. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| o. Communication of the information needed by DPs or PRMs (i.e. cabs, hotels, etc.), in accessible format. If yes, please specify how exactly this service is provided;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| p. Other type of assistance. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.19. Could you please explain how NEB supervises the existence of the assistance provided under the question 7.18?  |                          |                          |  |
| 7.20. Could you please specify whether the assistance  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| under the question 7.18 is subordinated to a prior notification by the Operators/Authorities of the airports of departure of the flight? If yes, please explain how this notification is coordinated? |                          |                          |  |
| 7.21. Are there penalties applicable in case of failure to provide the services under the question 7.18? If yes, please specify the provision foreseeing such penalties.                              | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7.22. Do you have knowledge of the existence of claims/cases related to the failure of these services? If yes, please explain briefly how these cases were solved.                                    | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>8. <u>Publicity</u></b>  |                          |                          |  |
| 8.1. Could you please specify how DPs and PRMs are informed about their rights under the Regulation:  |                          |                          |  |
| a. Via a website. If yes, please provide us with the address;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Via publicity clearly visible in the airports. If yes, please explain;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Via information which Operators are obliged to provide on their website and by other means. If yes, please explain;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Via information provided spontaneously by the Operators;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Via information provided in each offer of sale of package travel, package holidays and/or package tours;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other. If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8.2. Could you please specify the formats used by the Operators in order to make the publicity available:   |                          |                          |  |
| a. Writing format. Please specify in which languages;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Braille;   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| c. Other formats. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8.3. Could you please specify the contain of the publicity communicated by the Operators/Authority under your jurisdiction :                                      |                          |                          |  |
| a. The rights of DPs and PRMs under the Regulation;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Security rules applicable to the DPs and PRMs;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Safety rules applicable to the DPs and PRMs;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Restrictions to the carriage of DPs and PRMs, if applicable;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Mobility equipment due to the size of aircraft;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Practical information about the way DPs and PRMs will be assisted from the departure airport until the destination airport (including transit);                | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. The possibility of complaint in case of Regulation infringement;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| h. The procedure of complaint in case of Regulation infringement;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| i. Other information. If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8.4. Could you please explain how NEB supervises the existence of the publicity (including the appropriate content) provided to DPs and PRMs?                     |                          |                          |  |
| 8.5. Are there penalties applicable in case of failure to provide this publicity? Please specify the provision foreseeing such penalties.                         | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8.6. Do you have knowledge of the existence of claims/cases related to the failure of this publicity? If yes, please explain briefly how these cases were solved. | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>9. <u>Additional charge</u></b>  |                          |                          |  |

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| 9.1. Could you please specify whether DPs and PRMs under your jurisdiction have the obligation to pay additional charge to their ticket flight in order to benefit from the assistance under the Regulation?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.2. Could you please explain how the NEB supervises the question related to the additional charge?   |                          |                          |  |
| 9.3. Are there penalties applicable in case these charges are added on the general cost of the tickets flight? Please specify the provision foreseeing such penalties.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.4. Do you have knowledge of the existence of claims/cases related to the additional charge? If yes, please explain briefly how these cases were solved.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.5. Could you please specify whether the managing body under your jurisdiction levies a specific charge on the airport users for the purpose of funding the DPs and PRMs assistance? If yes, please specify how this specific charge is established (i.e. applicable or not to all airport users, cost-related or not, established in cooperation with another body or not, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.6. Could you please specify whether the managing body under your jurisdiction holds a separate accountancy related to the assistance provided to DPs and PRMs and to other activities?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.7. Could you please specify whether the managing body under your jurisdiction makes available to the airport users an overview of charges received and expenses made in respect to the assistance provided to DPs and PRMs?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9.8. Could you please explain how the NEB supervises the question related to this specific charge?  |                          |                          |  |
| 9.9. Could you please specify if penalties are applicable in case of additional charge for the services under the   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| Regulation?  |                          |                          |  |
| 9.10. Do you have knowledge of the existence of claims related to this specific charge? If yes, please explain briefly how these cases were solved.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>10. <u>Quality standards for assistance</u></b>   |                          |                          |  |
| 10.1. Could you please specify whether the managing body under your jurisdiction had implemented quality standards for the assistance under the Regulation? If yes, please specify if - and how - these quality standards are published.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10.2. If you answered yes to the question 10.1, do you consider if these quality standards provide a higher level of assistance than those provided by the Regulation? If yes, please explain for which reasons.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10.3. If you answered yes to the question 10.1, could you please specify if the managing body levies a specific charge on the air carriers (additional to that referred under question 9.5)? If yes, please specify how this specific charge is established (i.e. applicable or not to all airport users, cost-related or not, established in cooperation with another body or not, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10.4. Could you please explain how the NEB supervises the question related to these quality standards and the specific charges for higher standards?   |                          |                          |  |
| 10.5. Could you please explain how the NEB supervises that the assistance provided to DPs and PRMs respects the Regulation and that the rights issued from the Regulation are not limited or waived?   |                          |                          |  |
| 10.6. Could you please specify if under your jurisdiction there are penalties applicable to the failure of correct implementation of the Regulation and to the publicity of quality standards? Please specify the  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| provision foreseeing such penalties.   |                          |                          |  |
| 10.7. Do you have knowledge of claims related to these quality standards and to specific charges for higher standards? If yes, please explain briefly how these cases were solved.                   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>11. Assistance by air carriers</b>  |                          |                          |  |
| 11.1. Could you please specify whether the air carriers under your jurisdiction provide the following assistance to DPs and PRMs:  |                          |                          |  |
| a. Carriage of recognised assistance dogs in the cabin, subject to national regulations. If yes, please specify how exactly this service is provided and which body is charged with carrying it out; | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Transport of up to two pieces of mobility equipment per DP or PRM (including electric chair). If yes, please specify if limitations exist to this service;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Communication of the essential information concerning a flight, in accessible format. If yes, please specify how exactly this service is provided;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Arrange seating to meet the needs of DPs or PRMs on their request. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;                    | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Move to toilet on board aircraft if required. If yes, please specify how exactly this service is provided and which body is charged with carrying it out;   | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| f. Give an accompanying person of a DP and/or PRM a seat next to the DP and/or PRM. If yes, please specify whether limitations exist to this service;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. Other type of assistance. If yes, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11.2. Could you please specify whether the assistance under the question 11.1 is subordinated to a notification by DPs or PRMs at least :   |                          |                          |  |
| a. 5 days before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. 72 hours before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. 48 hours before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. 24 hours before the flight;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. 2 hours before the flight?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other. Please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11.3. Could you please specify whether DPs and PRMs shall comply with other requirements in order to benefit from the services under the question 11.1? If yes, please specify these requirements.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11.4. Could you please specify whether the services under the question 11.1 are provided in case DPs and PRMs do not comply with the notification under the deadline of 11.2? If yes, please specify under which conditions and if limitations exist. | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11.5. Could you please explain how the NEB supervises the existence of services provided under the question 11.1?   |                          |                          |  |
| 11.6. Are there penalties applicable in case of failure to provide these services? If yes, please specify the provision foreseeing such penalties.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11.7. Do you have knowledge of the existence of claims/cases related to the failure of these services? If yes, please explain briefly how these cases were solved.  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| <b>12. Training</b>   |                          |                          |  |
| 12.1. Could you please specify whether all the personnel of Operators, including personnel of their sub-contractor, receive an appropriate training about:  |                          |                          |  |
| a. Disability-equality of DPs and PRMs;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Disability-awareness of DPs and PRMs;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Special needing of assistance of DPs and PRMs taking into account disabilities and/or mobility impairments;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. The needs of DPs and PRMs;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Special procedure of emergency of DPs and PRMs in case of problems during the flight /exit emergency;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Other appropriate training. Please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12.2. If you answered yes to the question 12.1, could you please specify how this training is provided under your jurisdiction?   |                          |                          |  |
| 12.3. Could you please explain how the NEB supervises the existence of this training?   |                          |                          |  |
| 12.4. Are there penalties applicable in case of failure to provide this training? If yes, please specify the provision foreseeing such penalties.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12.5. Do you have the knowledge of claims related to the failure of this training? If yes, please explain briefly how these cases were solved.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>13. Compensation for lost or damaged equipment</b>   |                          |                          |  |
| 13.1. Could you please specify whether DPs and PRMs under your jurisdiction are compensated when wheelchairs or other mobility equipment or assistance devices are lost or damaged while being handled at the airport or transported on board | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| aircraft? If yes, please explain.  |  |  |  |
| <b>14. <u>Competent bodies</u></b>   |  |  |  |
| 14.1. Could you please explain the role of the NEB in the enforcement of the Regulation under your jurisdiction?           |  |  |  |
| 14.2. Could you please explain the role of the managing body in the enforcement of the Regulation under your jurisdiction? |  |  |  |
| 14.3. Could you please explain the role of an air carrier in the enforcement of the Regulation under your jurisdiction?    |  |  |  |
| 14.4. Could you please explain the role of a tour operator in the enforcement of the Regulation under your jurisdiction?   |  |  |  |

**B. GENERAL QUESTIONS RELATED TO THE LIABILITY AND THE PROCEDURE**

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|---|--------------------------|--------------------------|--|
| 1.1. Could you please list all provisions on liability under your national law in case of infringement of the Regulation?   |                          |                          |  |
| 1.2. Under which conditions the liability of the NEB is triggered under your national law (specific or general provisions)? |                          |                          |  |
| 1.3. Could you please specify whether the NEB's liability can be triggered for :  |                          |                          |  |
| a. Ordinary negligence;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Ordinary fault (slightest);  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Gross negligence;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Gross fault;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Other type of fault. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.4. Could you please explain under which conditions the NEB can be exempted from its liability?                            |                          |                          |  |

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| 1.5. Under which conditions is the liability of the managing body triggered under your national law (specific or general provisions)?   |                          |                          |  |
| 1.6. Could you please specify whether the liability of the managing body can be triggered for :   |                          |                          |  |
| a. Ordinary negligence;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Ordinary fault (slightest);  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Gross negligence;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Gross fault;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Other type of fault. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.7. Could you please explain under which conditions the managing body can be exempted from its liability?                              |                          |                          |  |
| 1.8. Under which conditions is the liability of the air carriers triggered under your national law (specific or general provisions)?    |                          |                          |  |
| 1.9. Could you please specify whether the liability of the air carriers can be triggered for :  |                          |                          |  |
| f. Ordinary negligence;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. Ordinary fault (slightest);  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| h. Gross negligence;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| i. Gross fault;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| j. Other type of fault. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.10. Could you please explain under which conditions the air carriers can be exempted from their liability?                            |                          |                          |  |
| 1.11. Under which conditions is the liability of the tour operators triggered under your national law (specific or general provisions)? |                          |                          |  |
| 1.12. Could you please specify whether the liability of the tour operators can be triggered for:  |                          |                          |  |
| k. Ordinary negligence;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| l. Ordinary fault (slightest);  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| m. Gross negligence;  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| n. Gross fault;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| o. Other type of fault. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.13. Could you please explain under which conditions the tour operators can be exempted from their liability?  |                          |                          |  |
| 1.14. Could you please specify whether under your national law the DPs or PRMs (victims of the infringement of the Regulation) have to prove their damage in order to trigger the liability of NEB/managing body/air carrier/tour operator?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.15. Could you please specify whether under your national law the DPs or PRMs (victim of the infringement of the Regulation) have to prove a causal link between the fault/negligence and their damage in order to trigger the liability of NEB/managing body/air carrier/tour operator and to obtain compensation?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.16. Could you please specify whether under your national law the DPs or PRMs (victim of the infringement of the Regulation) have to prove other conditions (additional to fault, causal link and damage) in order to trigger the liability of NEB/managing body/air carrier/tour operator and to obtain compensation? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.17. Is the NEB liable towards DPs and PRMs acting as principal (“work supervisor”) of other bodies (i.e. managing body, air carrier, tour operator, others) for the fault/negligence committed by its subcontractor (i.e. managing body, air carrier, tour operator, other) (i.e. an air carrier commits a fault and DPs or PRMs miss their flights. Can DPs and PRMs act against the NEB as the work supervisor of the air carrier in order to receive compensation from the NEB)? | <input type="checkbox"/> | <input type="checkbox"/> |  |

|   |                          |                          |  |
|---|--------------------------|--------------------------|--|
| 1.18. Could you please specify which damages are recoverable under the liability provisions:  |                          |                          |  |
| a. Direct damage;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Indirect damage;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Incidental damage;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Financial damage;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| e. Physical damage;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| f. Moral damage;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| g. Other. If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.19. Could you please specify if there are caps to the compensation? If yes, please specify the amount.  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.20. Could you please explain the procedure offered to DPs and PRMs under your jurisdiction in case they consider that their rights under the Regulation were infringed? |                          |                          |  |
| 1.21. Could you please specify whether DPs and PRMs have the possibility to make a complaint before the NEB?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.22. If you answered yes at the question 1.21, please explain how this complaint is examined by the NEB?   |                          |                          |  |
| 1.23. If you answered yes at the question 1.21, please specify in which time the complaint is examined by NEB:  |                          |                          |  |
| a. One week;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Two weeks;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. One month;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. More than one month. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.24. Could you please specify how rapid and efficient do you assess the payment of the compensation to DPs and PRMs victims under your jurisdictions?                    |                          |                          |  |
| 1.25. Could you please specify which is the competent Tribunal or Court under your jurisdiction to judge the claims of DPs and PRMs related to the                        |                          |                          |  |

|  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| infringement of the Regulation?  |                          |                          |  |
| 1.26. Are these Judges of proximity (i.e. access facilities, low procedure expenses, opportunity to interfere without legal representation, rapidity)? | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.27. Could you give an estimate of the length of the judicial procedure under your jurisdiction:  |                          |                          |  |
| a. Below or equal to one year;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Between one year and two years;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Between two years and three years;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Above three years.  | <input type="checkbox"/> | <input type="checkbox"/> |  |

**C. GENERAL QUESTIONS RELATED TO PENALTIES**

|   |                          |                          |  |
|---|--------------------------|--------------------------|--|
| 1.1. Could you please list all provisions on penalties under your national law in case of infringement of the Regulation?   |                          |                          |  |
| 1.2. Could you please specify if other provisions on penalties should be adopted? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.3. Could you please specify the type of penalties adopted :   |                          |                          |  |
| a. Criminal penalties;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| b. Civil penalties;   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Administrative penalties;  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Other type of penalties. If yes, please specify.   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 1.4. Could you please explain under which conditions are these penalties applicable?  |                          |                          |  |
| 1.5. Could you please explain the penalties procedure (including the complaint procedure) in case of Regulation infringement?   |                          |                          |  |
| 1.6. Do you have knowledge of the cases in which penalties were applicable in case of failure to comply with the obligations issued from the Regulation? If yes, please explain how these cases | <input type="checkbox"/> | <input type="checkbox"/> |  |

|              |  |  |  |
|--------------|--|--|--|
| were solved. |  |  |  |
|--------------|--|--|--|

**ADDITIONAL COMMENTS**

**Please specify all additional comments (if any) on achievements, difficulties, suggestions on the implementation of the rules of the Regulation. Please explain your general view (if any) on the condition of DPs and PRMs (i.e. Do you consider that the DPs and PRMs are in a vulnerable position in case of an emergency landing and during the evacuation due to an air crash? Do you consider that specific equipments/ facilities/ trainings should be implemented/improved for this purpose?).**