

FLOAT PLAN

Complete this form before going out on your boat, and leave it with a reliable person who will notify the Coast Guard and local authorities if you do not return as scheduled. If you are delayed and it is not an emergency, inform the person with your float plan to avoid an unnecessary search.

1. Name of person filing this plan: _____
 Telephone #: (_____) _____ - _____

2. Description of boat: Registration number: _____ Type: _____ Make: _____
 Color: _____ Trim: _____ Length: _____ Name: _____

3. Names of persons on board: Age: Address:

		Telephone #: (_____) _____ - _____
		Telephone #: (_____) _____ - _____
		Telephone #: (_____) _____ - _____
		Telephone #: (_____) _____ - _____
		Telephone #: (_____) _____ - _____

4. Description of engine: Type: _____ Horsepower: _____ # of engines: _____ Fuel capacity: _____

5. Survival equipment on board. Check as appropriate:

<input type="checkbox"/> Life Jackets (PFDs)	<input type="checkbox"/> Flares	<input type="checkbox"/> Flashlight	<input type="checkbox"/> Signal mirror	<input type="checkbox"/> Anchor(s)	<input type="checkbox"/> Raft or dinghy
<input type="checkbox"/> Smoke Signals	<input type="checkbox"/> Horn	<input type="checkbox"/> Water	<input type="checkbox"/> Paddles	<input type="checkbox"/> Food	

6. Radio Yes No Type: _____ Frequencies: _____ Call sign: _____

7. Trip expectations
 Leaving from: _____ Going to: _____
 Departing on: _____ / _____ am pm Returning: _____ / _____ am pm

date time
date time

8. Other pertinent information: _____

9. Description of automobile: Trailer license #: _____ License Plate #: _____
 Make: _____ Model: _____ Color: _____ Where parked: _____

10. If not returned by: _____ / _____ am pm
 Call: date time
 U.S. Coast Guard telephone #: (_____) _____ - _____
 Local authority: _____ Telephone #: (_____) _____ - _____