

Float Plan

Complete this form before departing and leave it with a reliable person to notify the Coast Guard should you not return as scheduled. *Do not file this plan with the Coast Guard.*

Description of Boat

Registration/Documentation		Name
Length	Make	Type
Hull color	Trim color	
Fuel capacity	Engine type	
Distinguishing features		

Operator of Boat

Name	Age
Home address	Phone
Health	
Experience	

Survival Equipment - Check all that apply

Anchor	Flashlight	Paddles	Smoke signals
EPIRB	Food	PFD #	VHF Marine radio
Flares	Mirror	Raft/Dinghy	Water
Others			

Trip expectations

Depart From _____ Date _____ Time _____

Arrive At _____ Date _____ Time _____

If operator has not arrived/returned by Date _____ Time _____

Please call the Coast Guard or local authority at this number _____

Vehicle description

Make _____ Model _____ Color _____ License No. _____

Parked at _____

People on board

Name _____ Age _____ Phone _____ Medical _____

Remarks _____