



FLOAT PLAN



Complete this page before going boating. Leave it with a reliable person who can be depended upon to notify the Coast Guard or other rescue organization, should you not return as scheduled. **Do Not file this plan with the Coast Guard.**

Name of person filing:		Phone number:	
Description of Vessel			
Type:	Color:	Trim:	
Registration No:	Document No:	Length:	
Vessel Name:	Make:	Other info:	
Engine Type:	Horsepower:		
No. Of Engines:	Fuel Capacity:		
Survival Equipment (check as appropriate)			
<input type="checkbox"/> PFDs	<input type="checkbox"/> Flares / Type:	<input type="checkbox"/> Mirror	<input type="checkbox"/> Smoke Signals
<input type="checkbox"/> Flashlight	<input type="checkbox"/> Food	<input type="checkbox"/> Paddles	<input type="checkbox"/> Water
<input type="checkbox"/> Anchor	<input type="checkbox"/> Raft / Type:	<input type="checkbox"/> Dinghy	<input type="checkbox"/> EPIRB / Type:
<input type="checkbox"/> Other:			
Communication / Navigation Equipment			
<input type="checkbox"/> Radio	<input type="checkbox"/> VHF-FM	<input type="checkbox"/> MF	<input type="checkbox"/> HF
<input type="checkbox"/> DSC	<input type="checkbox"/> VHF-FM	<input type="checkbox"/> MF	<input type="checkbox"/> HF
Cellular phone / Number:			
<input type="checkbox"/> LORAN C	<input type="checkbox"/> GPS	<input type="checkbox"/> RADAR	
Automobile / Trailer			
Auto license No. / State:	Auto make / model:		
Auto color:	Auto year:		
Trailer type:	Trailer license No:		
Where parked:			

Persons On Board (#) (list additional persons on back)			
Name	Age	Address & Telephone No.	
Do you or any of the persons on board have a medical problem?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?			
Trip Expectations			
Leave at:		From:	Going to:
via:		via:	via:
Expected to arrive / return by:		(time)	and not later than: (time)
If not returned by:		(time)	call the COAST GUARD, or (local authority)
Telephone numbers:			

