



FLOAT PLAN

Complete this form BEFORE going out on your boat and leave it with a responsible person who will notify the Coast Guard if you do not return as planned.

If your trip is delayed or changed, please notify the person in charge of the Float Plan to avoid an unnecessary search.

Name of person filing the Float Plan: _____

Telephone #: _____

Boat Details

Registration #: _____ Make: _____

Type: _____ Length: _____

Color: _____ Name: _____

Guests

Name: _____ Age: _____ Tel #: _____

Name: _____ Age: _____ Tel #: _____

Name: _____ Age: _____ Tel #: _____

Name: _____ Age: _____ Tel #: _____

Engine

Type: _____ # of Engines: _____

Horsepower: _____ Fuel Capacity: _____

Survival Equipment on Board

Life Jackets Flares Flashlight Signal Mirror Anchor(s) Raft or dinghy

Smoke Signals Horn Water Paddles Food

Radio

Yes No Type: _____ Frequencies: _____ Call Sign: _____

Trip Details

Leaving from: _____ Going to: _____

Departing date & time: _____ Returning date & time: _____

FLOAT PLAN



Auto Details

Make: _____ Model: _____

Color: _____ Where parked: _____

License plate #: _____

Any Other Pertinent Information

Emergency Action

If I have not returned by (date and time): _____

Call My Cell Phone: _____

Call the U.S. Coast Guard: _____