Float Plan

Complete this form before going boating and 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. Remember to contact your friend in case of delay and when you return.

| 1. Person Repor | ting Overdue | |
|-----------------------|--------------|---------------|
| Name | Phone | |
| Address | | |
| | | |
| 2. Description of | Boat | |
| Name | | |
| Registration/Docume | ntation No | _Length |
| Make | Type | |
| Hull Color | Trim Color_ | |
| Fuel Capacity E | ngine TypeNo | o. of Engines |
| Distinguishing Featur | es | |
| | | |
| NameAgeHealthAddress | Phone _ | |
| Operator's Experienc | e | |
| | | |
| 4. Survival Equip | | |
| □ #PFDs | ☐ Flares | |
| ☐ Smoke Signals | _ | |
| □ Paddles | ■ Water | Anchor |
| ☐ Raft or Dinghy | □ EPIRB | |
| □ Others | | |

| 5. Marine Radio: | □ Yes □ No |
|-----------------------|--|
| Туре | Freqs |
| Digital Selective Ca | alling (DSC) 🛘 Yes 🗘 No |
| | |
| 6. Trip Expectati | ons |
| Depart from | |
| Departure Date | Time |
| Going to | |
| Arrival Date | Time |
| • | arrived/returned by: |
| | _Timerd or Local authority at the fol- |
| lowing number: | d of Local authority at the loi- |
| J | |
| | |
| | |
| 7. Vehicle Descr | intion |
| | • |
| | Make |
| | Color |
| Where is vehicle park | ked? |
| | • |
| | |
| 8. Persons on B | oard |
| Name Age | Phone Medical Conditions |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 9. Additional Info | ormation |
| J. Additional line | Jillation |
| | |
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| | |
| - | |