

## **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:Color: Trim:					
3.	Names of persons on board: Age	: Address:				
		Telephone	#: ()			
		Telephone	#: ()			
		Telephone	#: ()			
		Telephone	#: ()			
		Telephone	#: ()			
		Telephone	#: ()			
4.	Description of engine: Type: Horse	epower:	# of engine	s: Fuel	Fuel capacity:	
5.	Survival equipment on board. Check as appropriate  Life Jackets (PFDs)  Flares  Flashlight		nirror 🖵 An	chor(s)	ift or dinghy	
	☐ Smoke Signals ☐ Horn ☐ Water	☐ Paddles	□ Fo	od		
6.	Radio □ Yes □ No Type:	Frequen	cies:	Call sign:		
7.	Trip expectations  Leaving from: / am  date time	□ pm Re	eturning:da	te time		
8.	Other pertinent information:					
9.			icense #: License Plate #: Where parked:			
10.	If not returned by: / Call: date time U.S. Coast Guard telephone #: () Local authority:					