

FLOAT PLAN

Complete items 1 through 4 and make copies. For each time you go out, use one of the copies, fill in Trip Expectations and the Persons On Board Information. Leave a copy with a reliable person whom you can depend upon to notify the Coast Guard should you not return as scheduled. Do NOT file this plan with the Coast Guard. Your friend/relative should dial 911 if you do not return as scheduled.

1. Owner/Operator of boat:

Name _____ Home Phone _____
Address _____ Cell Phone _____

2. Description of boat: (Include a photo, if possible)

Registration No. _____ Length _____
Make _____ Type _____
Hull Color _____ Trim Color _____
Fuel Capacity _____ Engine Type _____ No. of Engines _____
Distinguishing Features _____
Boat Name _____

3. Survival Equipment on Boat:

___ Number of PFDs ___ Flares ___ Mirror ___ Water ___ Food ___ Anchor ___ Flashlight

4. Vehicle Description:

Car Make _____ Model _____ Color _____
License Number _____ Trailer License Number _____
Where Car Is Parked _____

5. Trip Expectations:

Depart From _____ Date _____ Time _____
Going to _____ Anticipated Return _____
If Owner/Operator hasn't returned by: Date _____ Time _____ **Call 911**

6. Persons on Board:

Name	Age	Phone	Any Medical Conditions
_____	_____	(____)	_____
_____	_____	(____)	_____
_____	_____	(____)	_____
_____	_____	(____)	_____
_____	_____	(____)	_____