



Float Plan

Leave this float plan with a friend or relative. If you make changes to it, let that person know before you go.

Name of Boat Operator: _____

Home Phone number: _____ Cell Phone Number: _____

Boat Type: _____ Boat Color: _____

Color of Trim: _____ Registration Number (OR#): _____

Boat Name: _____ Make: _____ Length: _____

Engine Type: _____ Horsepower: _____

Number of persons aboard (including operator) _____

Name	Age	Address	Phone Number

Survival Equipment Checklist:

- Life Jackets (number) _____ Visual Distress Signals (day/night)
- Flashlight Paddle Water Food Float cushion Wool blanket

ITINERARY:

Depart From: _____ Date: _____

Going To _____ or _____

Expect to return by _____ (date, time)
and no later than _____

Other information _____

Auto License Number _____ Trailer Plate Number _____

If not returned by _____ call the Coast Guard or local
sheriff's office at _____

***Upon your return, notify the person to whom the float plan was given.**

***If you were reported to the Coast Guard as overdue, notify them of your arrival.**

