

FLOAT PLAN

Person filing this plan

Telephone:(Include area code)

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Complete this form before boating and leave it with a reliable person who can be depended upon to notify the Coast Guard or other rescue organization in case you do not return as scheduled. **Do not try to file this form with the Coast Guard, they do not accept float plans.** A word of caution: In case you are delayed, and it is not an emergency, inform those with your float plan, the police and/or Coast Guard of your delay in order to avoid an unnecessary search!

Vessel Information: Power () Sail ()

Type:	Vessel Name:	Fuel _____ Gals
Hull Color:	State/Reg Number:	EPIRB* Y [] N []
Trim Color:	Engines: Qty [] Gasoline [] Diesel [] None []	*VHF-FM 15/16 []
Length/feet:	Horsepower: [] Inboard [] Outboard [] I/O []	* 121.5 MHZ []
Make:	Radio Y [] N [] VHF [] DSC [] SSB [] CB []	* 406 MHZ []
Model:	DSC MMSI:	Ch./Freq Monitored
Year:	Hull Flotation Y [] N [] Call sign / number:	Cell Phone:

Navigation (Check all on board)

Charts [] Maps [] Compass [] GPS / DGPS [] Radar [] Sounder [] Sextant [] Other _____

Persons Onboard - List all including yourself - Operator first

Name & Address	Age	Gender	Notes (Special Medical Condition, can't swim, etc.)

Survival Equipment (Check as Appropriate):

PFD's [] Flares [] Smoke Signals [] Flashlight [] Horn [] Bell [] Mirror [] Raft or Dingy [] Food & Water _____ Days

Vehicle / Trailer Information

Vehicle Make:	Model:	Color:	Year:	Tag:
Where Parked:			Trailer Tag:	

Trip Itinerary - Expectations

Check-In Time is a scheduled contact time from the vessel to the holder of this float plan.

	Date	Time	Location / Waypoint	Check-In Time
X				
Depart				
Arrive				
Depart				
Arrive				
Depart				
Arrive				

If Vessel has not returned by (Date) _____ (Time) _____ or missed a scheduled check-in time by _____ hours, utilize the contacts below.

Contact #1		Phone Number	
Contact #2		Phone Number	