Float Plan

Complete this form before going out on your vessel 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. 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!

1 Name of person filing this plan: _____
Telephone #: (_____) _____ - _____

2 Description of boat: Registration number: _____ Type: _____ Make: _____
Color: _____ Trim: _____ Length: _____ Name: _____

3 Name of persons onboard: Age: Address:

_____ ____ _____
Telephone #: (_____) _____ - _____

_____ ____ _____
Telephone #: (_____) _____ - _____

_____ ____ _____
Telephone #: (_____) _____ - _____

_____ ____ _____
Telephone #: (_____) _____ - _____

_____ ____ _____
Telephone #: (_____) _____ - _____

_____ ____ _____
Telephone #: (_____) _____ - _____

4 Description of engine: Type: _____ Horsepower: _____ # of engines: _____ Fuel capacity: ____

5 Survival equipment aboard. Check as appropriate:
❑ Life preservers ❑ Flares ❑ Flashlight ❑ Signal mirror ❑ EPIRB ❑ Anchor(s)
❑ Smoke signals ❑ Horn ❑ Water ❑ Paddles ❑ Raft or dinghy ❑ Food

6 Radio ❑ Yes ❑ No Type: _____ Call sign: _____
Cell ❑ Yes ❑ No #: _____

7 Trip expectations
Leaving from: _____ Going to: _____
Departing on: _____ (date) / _____ (time) ❑ am ❑ pm Returning: _____ (date) / _____ (time) ❑ am ❑ pm
And, in no event, returning later than: _____ (date) / _____ (time) ❑ am ❑ pm

8 Other pertinent information: _____

9 Description of automobile: Trailer license #: _____
Make: _____ Color: _____ License #: _____ Where parked: _____

10 If not returned by: _____ (date) / _____ (time) ❑ am ❑ pm
Call:
Coast Guard telephone #: (_____) _____ - _____
Local authority: _____ Telephone #: (_____) _____ - _____