

FLOAT PLAN

Date Filed _____

Complete this page before going boating. Leave it with a reliable person who can be depended upon to notify the Coast Guard or other rescue organization, should you not return as scheduled. **Do Not file this plan with the Coast Guard.**

Name filing:	Phone number:
--------------	---------------

Description of Vessel

Type:	Color:	Trim:
Registration No:	Document No:	Length:
Vessel Name:	Make:	Other info:
Engine Type:	Horsepower:	
No. Of Engines:	Fuel Capacity:	

Survival Equipment

(check as appropriate)

<input type="checkbox"/> PFDs	<input type="checkbox"/> Flares / Type:	<input type="checkbox"/> Mirror	<input type="checkbox"/> Smoke Signals
<input type="checkbox"/> Flashlight	<input type="checkbox"/> Food	<input type="checkbox"/> Paddles	<input type="checkbox"/> Water
<input type="checkbox"/> Anchor	<input type="checkbox"/> Raft / Type:	<input type="checkbox"/> Dinghy	<input type="checkbox"/> EPIRB / Type:
<input type="checkbox"/> Other:			

Communication / Navigation Equipment

<input type="checkbox"/> Radio	<input type="checkbox"/> VHF-FM	<input type="checkbox"/> MF	<input type="checkbox"/> HF	<input type="checkbox"/> Other:
<input type="checkbox"/> DSC	<input type="checkbox"/> VHF-FM	<input type="checkbox"/> MF	<input type="checkbox"/> HF	<input type="checkbox"/> MMSI:
Cellular phone / Number:				
<input type="checkbox"/> LORAN C	<input type="checkbox"/> GPS	<input type="checkbox"/> RADAR		

Automobile

Auto license No. / State:	Auto make / model:
Auto color:	Auto year:
Where parked:	

Persons On Board () (indicate total number)

(*) Indicates Captain

(!) Indicates Medical Issue

(list additional persons on reverse)

Name	Age	Address & Telephone No.

Medical/Health Issues ?	Dr. Phone
-------------------------	-----------

Emergency Treatment?

Itinerary on Reverse Side

Float Plan Itinerary

Depart- Arrive	Date	Time	Location or Lat/Long	Local contact

Communication Watch (Monitoring Listed Equipment at indicated time)
(Check Appropriate box)

Yes	No
-----	----

	VHF Ch	Time		VHF DSC (MMSI)	Time
	SSB Ch/Freq	Time		CELL	Time

Additional Information

On Board

Vessel _____			
Name _____		Duty _____	
D.O.B.	Year _____	Month _____	Day _____
Citizenship _____			
Passport # _____		Issued _____	Expires _____
Driving License # _____		State/Prov _____	Expires _____
Home Address _____			
Home Phone _____		Cell Phone _____	
Email _____			
Emergency Contact _____		Phone _____	
Emergency Contact _____		Phone _____	
Physician _____		Phone _____	
Medical Conditions _____			
Medications _____			
Dietary Restrictions _____			
Physical Restrictions _____			
Comments _____			
Dated _____		Signature _____	