

Complete this form before going 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 file this form with the Coast Guard.**

A word of Caution: If you are delayed by other than an emergency, inform the holder of your float plan, the local authority, and/or the Coast Guard of your delay to prevent an unnecessary search for you!

FLOAT PLAN

NAME OF PERSON FILING THIS PLAN	PHONE NUMBER
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DESCRIPTION OF BOAT

TYPE	COLOR	LENGTH	TRIM
REGISTRATION NUMBER	MAKE	NAME	

PERSONS ABOARD

NAME	AGE	ADDRESS	PHONE NUMBER

ENGINES

TYPE	HOW MANY?	HORSEPOWER	FUEL CAPACITY
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SURVIVAL EQUIPMENT *(Check as appropriate)*

<input type="checkbox"/> LIFE PRESERVERS	<input type="checkbox"/> FLARES	<input type="checkbox"/> SIGNAL MIRROR	<input type="checkbox"/> HORN	<input type="checkbox"/> SMOKE SIGNALS	<input type="checkbox"/> FLASHLIGHT
<input type="checkbox"/> RAFT OR DINGHY	<input type="checkbox"/> EPRIB	<input type="checkbox"/> PADDLES	<input type="checkbox"/> FOOD	<input type="checkbox"/> WATER	<input type="checkbox"/> ANCHOR(S)

RADIO YES NO

TYPE	FREQUENCIES	CALL SIGN
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TRIP EXPECTATIONS

LEAVING FROM:	DATE	TIME AM / PM
GOING TO:	RETURN BY:	TIME AM / PM
IF NOT RETURNED BY ABOVE DATE, CALL: THAN:	DATE	TIME AM / PM

OTHER PERTINENT INFORMATION

AUTOMOBILE/TRAILER

MAKE	COLOR	LICENSE NUMBER
TRAILER LICENSE NUMBER	WHERE PARKED	

IF NOT RETURNED BY ABOVE DATE, CALL:

US Coast Guard:	PHONE NUMBER
Local Authority:	PHONE NUMBER
	NAME