FLOAT PLAN

Distributed by United States Power Squadrons and U. S. Coast Guard Auxiliary

Complete this form before going out on your boat 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: 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 aboard: 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: _____

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

8 Other pertinent information: _____

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

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