FLOAT PLAN - File with a responsi	ble person	
Owner's Name	Propulsion	Outboard I/O Inboard
Address		Single Screw Twin Screw
Boat Name	Engine Type	Outboard Gas I/O & Inbd. Gas Diesel
Boat Type/	Departure/	
Length	Destination Points	
Boat Color	Route	
Safety Equip.		
(Beyond Req.)		
Expected Return	Date/Time to	
Date & Time	call search	
	Phone# of	
	Local U.S.C.G.	
	Station	
If trailering: Automobile	License Plate #	
# Dorsons	VHF Call	
# Persons Emergency	Frequencies	
Phone #s	Trequencies	
Person in	Mate	
Command		
Address	Address	
Phone	Phone	
Charial	Contract of	
Special Medical	Special Medical	
Concerns	Concerns	
00.1001110	03/100/113	
Crew	Crew	
Name	Name	
Address	Address	
Phone	Phone	
Special	Special	
Medical	Medical	
Concerns	Concerns	