

FLOAT PLAN - File with a responsible 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/ Length		Departure/ Destination Points	
Boat Color		Route	
Safety Equip. (Beyond Req.)			
Expected Return Date & Time		Date/Time to call search Phone# of Local U.S.C.G. Station	
If trailering: Automobile		License Plate #	
# Persons		VHF Call	
Emergency Phone #s		Frequencies	
Person in Command		Mate	
Address		Address	
Phone		Phone	
Special Medical Concerns		Special Medical Concerns	
Crew Name		Crew Name	
Address		Address	
Phone		Phone	
Special Medical Concerns		Special Medical Concerns	