



FLOAT PLAN

BOAT DESCRIPTION

Boat Name _____
 License/Registration _____
 HIN _____
 Length _____
 Type _____
 Color _____
 Engine Type _____
 Other Features _____

PERSONS ONBOARD

BOAT OPERATOR

Name _____ Age _____ Gender _____

Address _____

Vehicle (Year, Make, Model) _____
 Trailer parked at: _____

PASSENGERS AND CREW

Name _____ Age _____ Gender _____

Medical Information (allergies, etc.)

SAFETY EQUIPMENT

PFDs ON BOARD

Qty. _____
 Type. _____

Life rafts/Dingy (qty. and color)

VSDs (type and qty.)

Other

Food for _____ days

Water for _____ days

Flashlight EPIRB Paddles

COMMUNICATION

MARINE RADIO

Type _____

CH./Freq. _____

MOBILE PHONE _____

EMAIL _____

NAVIGATION

Radar Compass Charts GPS/DGPS

ITINERARY

Departure Location _____

Date of Departure _____

Time of Departure _____

Destination _____

Date of Arrival _____

Time of Arrival _____