

Vessel operators name:	Telephone Number:	
Name of Vessel:	Registration No.:	
Vessel Type:	Vessel Make:	
Vessel Length:	Color of Hull:	
Auto license number:	Trailer license number:	
Most distinguishing identifiable feature:		
Radio Type:	Frequency/Ch. Monitored:	
Number of persons onboard:		
<u>Name</u>	<u>Age</u>	<u>Address & Telephone</u>
Note: List additional passengers on back.		
Engine Type: _____ H.P.: _____ Normal Fuel Supply (days): _____		
Survival equipment on board: (check as appropriate)		
<input type="checkbox"/> Life Jackets – Qty? _____	<input type="checkbox"/> Flares	<input type="checkbox"/> Smoke Signals
<input type="checkbox"/> Medical Kit	<input type="checkbox"/> EPIRB	<input type="checkbox"/> Paddles
<input type="checkbox"/> Anchor	<input type="checkbox"/> Gps	<input type="checkbox"/> _____
Food for _____ days - Water for _____ days		
Date & Time of Departure:		
Departure From:		
Departure To:		
Date and time expected to arrive by:		
In no case later than:		
Additional information:		

This float plan courtesy of Segnette.com