

# **A**ccredited Marine Consultants, Inc. *Surveyors and Appraisers of Power and Sailing Yachts*

Marine Industries Association of Palm Beach County • Society of Naval Architects and Marine Engineers  
Society of Accredited Marine Surveyors, SA • American Boat and Yacht Council  
United States Naval Institute • Marine Council of Miami

## **FLOAT PLAN**

We encourage all boaters to file a float plan. Please print and complete this page, before going boating, and leave it with a reliable person who can be depended upon to notify the Coast Guard, or other rescue organization, should you not return as scheduled. Do not file this plan with the Coast Guard.

### **1. NAME OF PERSON REPORTING AND TELEPHONE NUMBER.**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

### **2. DESCRIPTION OF BOAT**

TYPE \_\_\_\_\_ COLOR \_\_\_\_\_ TRIM \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_ LENGTH \_\_\_\_\_ NAME \_\_\_\_\_

MAKE \_\_\_\_\_ OTHER INFO. \_\_\_\_\_

### **3. PERSONS ABOARD**

NAME, AGE, ADDRESS & TELE. NO.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **4. ENGINE**

TYPE \_\_\_\_\_ (DIESEL/GAS) H.P. \_\_\_\_\_

NO. OF ENGINES \_\_\_\_\_ FUEL CAPACITY \_\_\_\_\_

### **5. SURVIVAL EQUIPMENT: (CHECK QUANTITY & EXPIRATION)**

PFDs \_\_\_\_\_ FLARES \_\_\_\_\_ MIRROR \_\_\_\_\_ SMOKE SIGNALS \_\_\_\_\_

FLASHLIGHT \_\_\_\_\_ FOOD \_\_\_\_\_ ANCHOR \_\_\_\_\_ RAFT OR DINGHY \_\_\_\_\_

EPIRB \_\_\_\_\_ EPIRB COSPAS/SARSAT NO. \_\_\_\_\_

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## 6. RADIO

TYPE: SSB \_\_\_\_\_ VHF \_\_\_\_\_ FREQUENCIES / CALL SIGN \_\_\_\_\_

VHF DSC MMSI NO. \_\_\_\_\_

## 7. TRIP EXPECTATIONS

LEAVE AT \_\_\_\_\_ (TIME/DATE)

FROM \_\_\_\_\_ GOING TO \_\_\_\_\_

EXPECT TO RETURN BY \_\_\_\_\_ (TIME/DATE)

AND IN NO EVENT LATER THAN \_\_\_\_\_ (TIME/DATE)

## 8. ANY OTHER PERTINENT INFO.

\_\_\_\_\_

## 9. AUTOMOBILE

LICENSE \_\_\_\_\_ TYPE \_\_\_\_\_ TRAILER LICENSE \_\_\_\_\_

COLOR AND MAKE OF AUTO \_\_\_\_\_

WHERE PARKED \_\_\_\_\_

## 10. IF NOT RETURNED

BY \_\_\_\_\_ (TIME/DATE) CALL THE COAST GUARD,

OR \_\_\_\_\_ (LOCAL AUTHORITY)

TELEPHONE NUMBERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Float Plan Compliments of  
Accredited Marine Consultants, Inc.*

*Please make as many copies as desired.*