

FLOATPLAN

ACEBOATER.COM

Fill in this form before setting out. Leave it with someone who you can depend on to notify the Coast Guard if you have not returned as scheduled.

DESCRIPTION OF THE BOAT

IDENTIFICATION

Name _____
Document / Registration _____
Length _____ Type _____ Draft _____ Year _____
Color _____
Propulsion Type _____ Fuel Capacity _____
Other Features _____

COMMUNICATION

Marine Radio Type _____ Ch. / Freq. _____
Digital Selective Calling (DSC) YES NO Mobile phone _____
E-mail _____

NAVIGATION

RADAR CHARTS COMPASS GPS / DGPS

SURVIVAL EQUIPMENT

PFDs: Quantity On Board: _____

OTHER EQUIP. ANCHOR RAFT OR DINGHY EPIRB FOOD WATER PADDLES
 FLARES MIRROR SMOKE SIGNALS FLASHLIGHT OTHERS _____

PERSONS ONBOARD

BOAT OPERATOR

| Name | Age | Gender | Special Medication condition |
|---------------------------------------|-------|--------|------------------------------|
| _____ | _____ | _____ | _____ |
| Address _____ | | | |
| City _____ State _____ Zip Code _____ | | | Home phone _____ |
| Vehicle (Year, Make & Model) _____ | | | Vehicle License No. _____ |
| Trailer will be parked at: _____ | | | Trailer License No. _____ |

CREW

| Name & Address | Age | Gender | Special Medication condition |
|----------------|-------|--------|------------------------------|
| 1 _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ |

ITINERARY

| | DATE | TIME | LOCATION/WAYPOINT |
|--------|------|------|-------------------|
| Depart | | | |
| Arrive | | | |
| Depart | | | |
| Arrive | | | |
| Depart | | | |
| Arrive | | | |
| Depart | | | |
| Arrive | | | |
| Depart | | | |
| Arrive | | | |

CONTACT: _____ **TEL:** _____