

# Float Plan

Provided courtesy  
the Oregon State  
Marine Board



*Leave this float plan with a friend or relative. If you make changes to it, let that person know before you go.*

Name of boat operator: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Boat type \_\_\_\_\_ Color of hull \_\_\_\_\_

Color of trim \_\_\_\_\_ Registration number \_\_\_\_\_

Name \_\_\_\_\_ Make \_\_\_\_\_ Length \_\_\_\_\_ Other \_\_\_\_\_

Engine: Type \_\_\_\_\_ Horsepower \_\_\_\_\_ Fuel tank (gallons) \_\_\_\_\_

Number of persons aboard (including operator) \_\_\_\_\_

Name	Age	Address/Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Survival Equipment:

lifejackets (number) \_\_\_\_\_ flares \_\_\_\_\_ mirror \_\_\_\_\_

flashlight \_\_\_\_\_ food \_\_\_\_\_ paddles \_\_\_\_\_

water \_\_\_\_\_ cushions \_\_\_\_\_

VHF Radio - Frequencies \_\_\_\_\_ Call Sign \_\_\_\_\_

Cell Phone # \_\_\_\_\_

### Itinerary:

Depart \_\_\_\_\_ from \_\_\_\_\_ on \_\_\_\_\_ (time, date)

Going to \_\_\_\_\_ or \_\_\_\_\_

Expect to return by \_\_\_\_\_ (time, date)

and in no event later than \_\_\_\_\_

Other information \_\_\_\_\_

Auto license number \_\_\_\_\_ Trailer license number \_\_\_\_\_

If not returned by \_\_\_\_\_ call the Coast Guard or  
local authority at \_\_\_\_\_

- Upon your return, notify the person to whom the float plan was given.
- If you were reported to the Coast Guard as overdue, notify them of your arrival.