

FLOAT PLAN

* Name: _____

* Address: _____

* Phone #: _____

* Departure Date/Time & Place: _____

* Expected Date/Time & Place of Return: _____

**U.S. Coast Guard Station, Fort Macon, NC
EMERGENCY Phone (252) 247-4570**

Vessel Description:

* Type Vessel, Make & Color

* Length

Vessel Hailing Name

Fuel Type

Fuel Capacity

Engine & HP (inboard, I/O, outboard)

Registration Decal Number

Hull ID Number

EPRB Emergency Beacon ID #

* Number of Persons Aboard:

Boat Owner Information:

* Owner / Operator Name

Owner's Address

* Owner Telephone #

* Emergency Contact Name

* Emergency Contact Telephone #

Passenger Name & Emergency Contact #

Passenger Name & Emergency Contact #

Passenger Name & Emergency Contact #

Passenger Name & Emergency Contact #

* Destination(s):

NOTE: Items with an asterisk (*) are those which should be considered mandatory.

The rest may be more appropriate for the Owner to fill in, though understand that the more that is provided by all - the bettered prepared the Coast Guard will be if your family has to call in.