

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 BayouStateFishing.com