



# JOSFC Courtesy Float Plan

**Instructions for use:** Fill out this form and leave on the dashboard of your vehicle or the tow vehicle, or with a reliable person that will notify the Coast Guard if you do not return as planned. Place it directly in front of the steering wheel print side up facing the front of the vehicle so it can easily be read from outside the locked vehicle.

**PRINT CLEARLY**

## Vessel Information

Name & Home Port: \_\_\_\_\_

IE: Knot to Fast - Mayport

Registration Number: \_\_\_\_\_

FL 0000 XX

Year Make and Model: \_\_\_\_\_

Length: \_\_\_\_\_ Type: \_\_\_\_\_

Center Console

Hull & Trim Colors: \_\_\_\_\_

Propulsion: \_\_\_\_\_ Make: \_\_\_\_\_

OB or Inboard

Yamaha

Fuel Capacity: \_\_\_\_\_

Communication:

Radio Call Sign: \_\_\_\_\_

DSC MMSI No: \_\_\_\_\_

Channels Monitored: \_\_\_\_\_

Cell / Sat. Ph # \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Navigation:** ( Check all on board. )

- |                                  |                                |                                        |
|----------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> Compass | <input type="checkbox"/> Radar | <input type="checkbox"/> GPS / DGPS    |
| <input type="checkbox"/> Chart   | <input type="checkbox"/> Maps  | <input type="checkbox"/> Depth Sounder |

## Safety & Survival

- |                                                        |                                                       |                                        |                                         |
|--------------------------------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Flashlight or Strobe light    | <input type="checkbox"/> Distress Flag                | <input type="checkbox"/> Aerial Flare  | <input type="checkbox"/> Handheld Flare |
| <input type="checkbox"/> Signal Mirror                 | <input type="checkbox"/> Smoke Flare                  | <input type="checkbox"/> Bell          | <input type="checkbox"/> Horn           |
| <input type="checkbox"/> Whistle                       | <input type="checkbox"/> Epirb or PLB                 | <input type="checkbox"/> Fire Extin.   | <input type="checkbox"/> Raft           |
| <input type="checkbox"/> Bailing device                | <input type="checkbox"/> Anchor & Line length _____   | <input type="checkbox"/> First Aid Kit |                                         |
| <input type="checkbox"/> Water for _____ Days / Person | <input type="checkbox"/> Food for _____ Days / Person | <input type="checkbox"/> Life Jackets  |                                         |

## Boat Captain & Emergency Contact Info.

## Itinerary & Crew on Back

Name: \_\_\_\_\_

Has experience with  This Vessel

Address: \_\_\_\_\_

Years Boating: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Crew / Passengers

	<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Emergency Contact Name &amp; Number</u>
1 -	_____	_____	_____	_____
2 -	_____	_____	_____	_____
3 -	_____	_____	_____	_____
4 -	_____	_____	_____	_____
5 -	_____	_____	_____	_____
6 -	_____	_____	_____	_____
7 -	_____	_____	_____	_____
8 -	_____	_____	_____	_____

## ITINERARY

Depart Date / Time: _____ / _____	To Waypoint or Area	Approx. Time:
	Example - N 29.59.049	W 81.37.655 0700
Next Planned move to Waypoint 1	N	W
Next Planned move to Waypoint 2	N	W
Next Planned move to Waypoint 3	N	W
Next Planned move to Waypoint 4	N	W
	Example - N 29.59.049	W 81.37.655 1 to 2 PM
Next Planned move to Waypoint 5	N	W
Next Planned move to Waypoint 6	N	W
Next Planned move to Waypoint 7	N	W
Next Planned move to Waypoint 8	N	W

Expected Return Date: \_\_\_\_\_

**Expected Return Time is Approximately \_\_\_\_\_ Hours**