

# Operator Float Plan

## Description of boat

Size \_\_\_\_\_

Color \_\_\_\_\_

Make \_\_\_\_\_

## Boat's registration number

MN- \_\_\_\_\_

## Names and addresses of all persons on board

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Trip plan

Departure date and time \_\_\_\_\_

Destination \_\_\_\_\_

Expected date & time of return \_\_\_\_\_

Location where my vehicle is parked \_\_\_\_\_

Vehicle description and license number \_\_\_\_\_

I can be contacted by (radio call letters; cell phone;  
pager; destination contact; etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not returned by (date & time) \_\_\_\_\_

call the following:

\_\_\_\_\_ County Sheriff at (\_\_\_\_) \_\_\_\_\_

U.S. Coast Guard at (\_\_\_\_) \_\_\_\_\_

**DON'T FORGET TO CANCEL YOUR FLOAT PLAN WHEN YOU GET HOME.**