

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.