

Appendix D FAU Float Plan

Boat owner's name: _____
(If state-owned, state such and name responsible department.)

Address: _____

Boat Name: _____ **Boat Type/Length:** _____

Boat Color: _____

Safety Equipment (beyond requirement):

Propulsion: ___ Outboard ___ I/O ___ Inboard
___ Single Screw ___ Twin Screw

Engine Type: ___ Outboard Gas ___ I/O and Inboard Gas
___ Diesel

Departure/Destination Points:

Route: _____

Expected Return - Date and Time: _____ **Date and Time to call Search:** _____

Phone Number of Local USCG Station: _____

Automobile and License Plate # (if trailering): _____

Number of Persons: _____ **Emergency Phone #'s:** _____

VHF call: _____ **Frequencies:** _____

Person in command : _____

Address: _____ **Phone:** _____

Mate: _____

Address: _____ **Phone:** _____

Crew Name: _____

Address: _____ **Phone:** _____

Crew Name: _____

Address: _____ **Phone:** _____

Passenger List : _____

Will this outing involve any diving ? _____ snorkeling ? _____ or swimming? _____
If so be sure to file appropriate paperwork with the DSO or the OE Boat Captain.