



# Float Plan



**Instructions:** Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the Nevada Department of Wildlife, or other rescue organizations, should you not return or check in as scheduled. If you have a change of plans after leaving, be sure to notify the person holding your Float Plan.

## Vessel

### Identification:

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

Registration No.: \_\_\_\_\_

Year/Make: \_\_\_\_\_

Length(Inchs/CM): \_\_\_\_\_

Hull Color(s): \_\_\_\_\_

Prominent Features(s): \_\_\_\_\_

### Propulsion:

Primary (ie. gas or sail): \_\_\_\_\_ Fuel Capacity: \_\_\_\_\_

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

### Telecommunications:

Cell Phone No.: \_\_\_\_\_

### Navigation:

- Maps
- Charts
- Compass
- GPS/DGPS
- Radar
- Sounder
- Other \_\_\_\_\_

## Safety & Survival

### Visual Distress Signals:

- Day Only
- Night Only
- Day & Night

### PFDs:

\_\_\_\_ Quantity on Board  
(Don't count Type IV devices)

### Audible Distress Signals:

- Horn/Whistle
- Bell
- Other \_\_\_\_\_

### Ground Tackle:

Anchor - Line \_\_\_\_\_ft.

### Other Gear / Supplies:

- Life boat/ Life Raft
- Dinghy/ skiff
- Food/Water
- Flashlight
- Signal Mirror
- Other \_\_\_\_\_

## People & Itinerary

### Operator:

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female Notes(ie.medical condition) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Tow Vehicle (Year, Make, Model) \_\_\_\_\_ Experince:  w/Boat  w/Area

Where will trailer be parked? \_\_\_\_\_ Departure Date & Time: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ Trailer License No.: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

**Passengers:** Name, Home Phone, Age, Male/Female Destination: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_