

Fill in this Float Plan form before heading out. Leave it with someone you can rely on to pass the information onto the authorities if you do not return at the planned time.

Email:

INI	FO	RN	ΛΑΙ	TION

Name:	(person filing the plan)
Mobile	/Satellite Phone:

Vessel Description

Registration No: Year: Make: Model: Type: Draft: Hull Material: Colour:

Length: Prominent features:

Engine Type: HP: Fuel Capacity: Auxiliary type:

Vehicle and Trailer

Vehicle Registration No: Colour/Model: Trailer Registration No: Where Parked:

ONBOARD SAFETY EQUIPMENT

Liferaft/dinghy: Colour: PFDs: (qty/type)

Torch: GPS: Compass: Water: Food: Paddles:

Sound Signal: EPIRB: Anchor/s Flares: (qty/type)

Marine Radio: Type: Frequency:

DSC MMSI No: Call Sign:

Other:

TRIP PLAN

Departure date: Departure Time: Leaving from: Heading to:

Number onboard: Returning date:

Estimated Returning Time:

IF NOT RETURNED BY Date: Time:

Call NSW Marine Rescue on 02 94502468 or, call 000.



ADDITIONAL INFORMATION

Vessel Image: