



WHITTIER FLOAT PLAN



- If trouble occurs while you're on the water, help will come faster if the CG and other rescuers know where to look for you. For your safety and your family's peace of mind, complete this form, and leave it at the Harbor Office or in a ramp fee box.
- If this is not possible, leave it with a responsible person whom you can trust to notify authorities if you are overdue.
- Remember to **check the weather** before you depart and, if possible, during your trip. The weather can be heard on the speaker at the USCG Auxiliary Station Caboose next to the Harbor Office, or call 1-800-472-0391 (extension 3145 for Passage Canal / extension 3144 for Prince William Sound). **When you return from your trip, drop the close out tag in the same drop box.**

IF OVERDUE CONTACT: _____ **PHONE:** _____
 (Enter the name and number of a family member or friend, not the U.S. Coast Guard.)

Vessel Information:

Vessel Name: _____ Registration/Document #: _____

Type:	Hull Type:	Communications:	Survival Equipment:
<input type="checkbox"/> Kayak	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Installed VHF	<input type="checkbox"/> Food
<input type="checkbox"/> Personal Water Craft	<input type="checkbox"/> Wood	<input type="checkbox"/> Handheld VHF	<input type="checkbox"/> Shelter
<input type="checkbox"/> Open Skiff	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Single Side Band (HF)	<input type="checkbox"/> Warm clothing
<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> _____	<input type="checkbox"/> CB	<input type="checkbox"/> Matches Lighter
<input type="checkbox"/> Sailing Vessel		<input type="checkbox"/> Flares	<input type="checkbox"/> Raft/Dinghy
			<input type="checkbox"/> PFDs for EACH _____
Length: _____	Main power: _____	Aux Power: _____	Hull color: _____
			Top/Trim Color: _____

Vehicle Information:

License#: _____ Make: _____ Model: _____ Year: _____ Color: _____
 Location Vehicle is parked: _____

Total Persons Onboard (POB): _____ **Names of all POB:** _____

	Departure Date & Time	Return Date & Time
Trip Information:		
Destination/Route		
Description: _____		

Have a safe and enjoyable trip on the water!

Detach this tag and deposit in a ramp fee drop box upon your return or deliver to the Harbor Office.

Name	_____	Vessel Name	_____
Phone Number	_____	Registration / Document #	_____
Alternate Number	_____	Return Time & Date	_____

Comments: _____

**PLEASE REMEMBER TO CLOSE OUT YOUR FLOAT PLAN BY CALLING US ON
 VHF CH. 68 OR AT 472-2327 EXT 110 OR 115**