

FLOAT PLAN

| CHECK ONE: Tor-Hire, 1 | 「wo-Day Bag Limit [*] | Public** | Phone #: |
|---------------------------------|--------------------------------|-----------------------------------|---|
| Applicant Name: | | Last | Email: |
| Vessel Captain Name: | | | Last |
| Sections 101-104 have been met. | - eries management plan (FM | P) are prohibited by feder | al law or regulation from being filleted. Transporting such |
| VESSEL INFORMATION | | | |
| Vessel Owner Name: | | | |
| Official Vessel Number: | Firs | Vessel Name: | Last |
| Length: Co | lor: | Type/Make: | |
| TRIP INFORMATION | | | |
| Departure Date: | [Day/Year | Departure Time: | □ a.m. □ p.m. |
| Return Date: | ay/Year | Return Time: | □ a.m. □ p.m. |
| Departure Location: | | | Slip # (if applicable): |
| Arrival Location: | | | Slip # (if applicable): |
| Number of Passengers: | | | f float plan is being filed by a licensed for-hire vessel as described in Title 22 Part 7 Chapter 7 Sections 101-104. |
| Planned Destination(s): | | | |
| | | | |
| | | | |
| REQUIRED SIGNATURES | | | |
| Applicant: | Signature | | Date: |
| MDMR Official: | · · | | Date: |

Float plans should be submitted at least 48 hours in advance. Please allow time for processing. Email to floatplan@dmr.ms.gov. Hours of Operation: Monday- Friday, 8 a.m.-4 p.m.

Signature