

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION

DOT 3-123 HAR-SF R-11/91

CORRECTION REPORT [ ]

INTER-ISLAND AND INTRA-ISLAND WHARFAGE REPORT

Ship to Ship [ ]

[ ] Check if Transshipment

Table with 2 columns: Port of, and numerical values. Includes ports like Honolulu, Kewalo, Barbers Point, Hilo, Kawaihae, Kahului, Nawiliwili, Port Allen, Kaunakakai, Kalaupapa, and Other: Specify.

AGENT NAME: \_\_\_\_\_ Agent Code \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_ Voy. No. \_\_\_\_\_

Fill in if monthly report) MONTH OF \_\_\_\_\_ No. voyages \_\_\_\_\_

Arrival Date \_\_\_\_\_ Pier No. \_\_\_\_\_

Shift Date \_\_\_\_\_

Departure Date \_\_\_\_\_

1 [ ] Check if Transshipment from same wharf [19-44-65(a) & (c)]

2 [ ] Check if Transshipment from two or more wharves [19-44-65(b) & (d)]

Main table with columns: Commodity, Code, Unit of Measure, INCOMING (Rate, Units, Wharf Toll Amount), and OUTGOING (Rate, Units, Wharf Toll Amount). Rows include various commodity types like AUTOMOBILE, SHIPPED, SHIPPED, SURCHARGE, ISLAND AGRICULTURAL PRODUCTS, SHIPPING DEVICE, DRY BULK CARGO, etc.

WHARFAGE DUE

INCOMING

\$

OUTGOING

\$

NOTE: 1. Payment and correctly completed reports must be received not later than forty-five (45) days after date of completion of handling of cargo over State wharves. 2. Late payment fee and interest will be charged for all incorrect or delinquent filing and payment.

TOTAL WHARFAGE CHARGES

\$

REMARKS \_\_\_\_\_

ENCLOSED IS CHECK NO. \_\_\_\_\_ FOR THE AMOUNT OF ->

\$ [ ]

I hereby certify that this is a true and correct account of all charges incurred by the above vessel in conformance with the Current Rules and Tariff of the Harbors Division, Department of Transportation, State of Hawaii.

PLEASE FILE ORIGINAL AND ONE COPY

Date

Agent or Owner

Signature

TRANSMITTAL NO. \_\_\_\_\_

FOR HARBOR USE ONLY

INTER-ISLAND DOCUMENT NO. \_\_\_\_\_

PAYMENT DATE RECEIVED \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ \$ [ ] NOT RECEIVED \_\_\_\_\_ INTEREST DUE \$ \_\_\_\_\_

[ ] TRANSSHIPMENT CARGO

IF CORRECT REPORT-ENTER TOLL REPORT DOCUMENT NO. \_\_\_\_\_