

DEPARTMENT OF TRANSPORTATION  
HARBORS DIVISION  
**OVERSEAS PASSENGER REPORT**

CHECK IF:  SHIP TO SHIP  
 CORRECTION REPORT

Check one: Port of	
Honolulu	1
Kewalo	2
Barbers Point	3
Hilo	4
Kawaihae	5
Kahului	6
Nawiliwili	7
Port Allen	8
Kaunakakai	9
Kalaupapa	10
Other (specify)	11

AGENT NAME: \_\_\_\_\_ AGENT CODE \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_ VOY. NO. \_\_\_\_\_

CHECK ONE

Incoming    Outgoing

ARRIVAL DATE \_\_\_\_\_ PIER NO. \_\_\_\_\_ DOMESTIC 1

SHIFT DATE \_\_\_\_\_ FOREIGN 2

DEPARTURE DATE \_\_\_\_\_

COMMODITY	CODE	Unit of Measure	INCOMING			OUTGOING		
			RATE	UNITS	Wharf Toll Amt.	RATE	UNITS	Wharf Toll Amt.
PASSENGERS DEBARK & EMBARK	60-47	each						
PASSENGERS IN TRANSIT	60-48	each						
OFFSHORE MOORING DEBARK & EMBARK	60-49	each						

WHARFAGE DUE

INCOMING

\$

OUTGOING

\$

TOTAL WHARFAGE CHARGES

\$

- NOTE: 1. Payment and correctly completed reports must be received not later than fifteen (15) 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.

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

\$

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Date

Agent or Owner

Telephone No.

Signature

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

FOR HARBOR USE ONLY

\$

PAYMENT DATE RECEIVED \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

NOT RECEIVED \_\_\_\_\_ INTEREST DUE \$ \_\_\_\_\_

OVERSEAS  
DOCUMENT NO. \_\_\_\_\_

IF CORRECTION REPORT - ENTER ORIGINAL TOLL REPORT DOCUMENT NO. \_\_\_\_\_