

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION
PASSENGER REPORT

CORRECTION
REPORT **
SHIP TO SHIP

Check one:	
This report applies to Hawaii Commercial Port of	
Honolulu	1
Kalaeloa Barbers Point	2
Hilo	3
Kawaihae	4
Kahului	5
Nawiliwili	6
Port Allen	7
Kaunakakai	8
Kaunapala	9
Hana	10

AGENT NAME _____ Agent Code _____
 VESSEL NAME _____ Voyage No. _____ DOMESTIC
 ARRIVAL DATE _____ Pier No. _____ FOREIGN
 DEPARTURE DATE _____

REQUIRED: ATTACH VOYAGE ITINERARY

#_# Please check here if this is a report for a Turnaround Itinerary.

FIRST PORT VISITED: _____ NEXT PORT TO BE VISITED: _____ FINAL PORT TO BE VISITED: _____

Commodity	Code	Units of Measure	Rate	Units	Wharf Toll Amount
PASSENGERS EMBARKING (Shore to Ship) HAR §19-44-70-(b) (1)	60-47	each			
PASSENGERS DISEMBARKING (Ship to Shore) HAR §19-44-70-(b) (2)	60-47	each			
PASSENGERS IN TRANSIT (On a Vessel Calling on Multiple State Ports on the Same Itinerary.) (This fee must be paid at each in transit State of Hawaii Commercial Port after the First Port of call at a State of Hawaii Commercial Port.) HAR §19-44-70-(b) (3)	60-48	each			
OFFSHORE MOORING DISEMBARKING & EMBARKING	60-49	each			
TOTAL WHARFAGE CHARGES					

- NOTE:
1. Payment and correctly completed reports must be received not later than fifteen (15) days after date of intransit, embarking or disembarking of State facilities. (As provided for in HAR §19-44-70(d))
 2. Late payment fee and interest will be charged for all incorrect or delinquent filing and payment. (As provided for in HAR §19-44-6 & §19-44-6.1)

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 Phone No. Signature

** For correction report, use a copy of the report originally submitted and strike through the original data & record the new information in red ink. If the correcting information is related to a revised voyage itinerary, attach the revised itinerary.

#_# For a Turnaround Itinerary, two (2) separate passenger reports must be submitted for the turnaround port, one report for each separate voyage itinerary.

TRANSMITTAL NO. _____	FOR HARBOR USE ONLY PAYMENT DATE RECEIVED _____	RECEIPT NO. _____
DOCUMENT NO. _____	NOT RECEIVED _____	INTEREST DUE \$ _____
IF CORRECTION REPORT-ENTER TOLL REPORT DOCUMENT NO.		