

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION
OAHU DISTRICT
PHONE: 587-2078 FAX: 587-2049

SPECIAL PERMIT DELIVERY/SERVICE APPLICATION/AGREEMENT

NAME (IN FULL): _____ HOME PHONE: _____

BUSINESS ADDRESS: _____ CELL PHONE: _____

EMPLOYER: _____ TITLE: _____

EMAIL: _____ FAX: _____

[] NEW [] RENEWAL – YEAR LAST APPLIED _____

VEHICLE PURPOSE AT WATERFRONT: _____

WHO DO YOU PRESENTLY PROVIDE SUPPLIES OR SERVICES TO? _____

<u>REG. OWNER</u>	<u>LIC. NO.</u>	<u>MAKE</u>	<u>TYPE</u>	<u>COLOR</u>	<u>YEAR</u>

This delivery agreement is only for the purpose of delivery or servicing vessels and businesses and is not intended for parking.

CERTIFICATION: I hereby certify that the above information is true and complete to the best of my knowledge. I agree and understand that approval by the Harbor Master or his personnel is conditional based on MARSEC level, number of vehicles on aprons, vessel operations and other factors. I also agree that as the need arises, the Harbor Master reserves the right to terminate the permit as deemed necessary.

I further agree to the following conditions:

1. This permit allows temporary parking for active deliveries and pick-ups only.
2. Renewal is permittee’s responsibility. Decals expire ONE (1) year from date of issuance.
3. Decals are available at the Oahu District, Business Services Office, 2nd Floor, 700 Fort Street, Honolulu, Hawaii 96813 (Phone 587-2078).
4. Fee for Special Permit Delivery Decal is \$169.40 per year.
5. The State of Hawaii shall not be responsible for any theft, losses or damages to vehicles while parked making deliveries or pick-ups on State properties.
6. Decals with permanent license changes or that are mutilated can be replaced at the Business Services Office. The original decal must be returned. The cost is \$27.50/replacement decal.
7. Place decals on the front bumper driver’s side of vehicle.
8. No refunds. No replacements for lost decals.
9. Provide copy of current registration for each vehicle. Requires original Insurance Certificate naming the Department of Transportation, Harbors Division, 700 Fort Street, as an additional insured as respects to operations performed for the State of Hawaii. It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy. The Permittee will immediately provide written notice to the Department of Transportation, Harbors Division, should any of the insurance policies evidenced on its Certificate of Insurance form be cancelled, limited in scope, or not renewed upon expiration. The policy must be current coverage for the applicable vehicle(s). Property Damage Liability coverage for \$25,000.00 per occurrence and Bodily Injury Liability coverage for \$300,000.00 per occurrence are the minimum insurance requirements.
10. **MARITIME TRANSPORTATION SECURITY ACT:** The Permittee, in accepting the Permit, acknowledges that pursuant to the Homeland Security Act (Pub.L.No.107-295, 116 Stat.2135), and the Maritime Transportation Security Act (46 U.S.C.A. §70101, et al), the State’s duties include, among other things, the duty to safeguard persons, property, and port infrastructures from destruction, loss, injury, and from acts of sabotage or other causes of a similar nature. The Permittee further acknowledges that the State, as the owner and operator of the State’s commercial harbors, must comply with all requirements under the Maritime Transportation Security Act (46 U.S.C.A. §70101, et al), and its successor statutes and implementing regulations (collectively, the “MTSA”). The provisions of the MTSA are hereby incorporated by reference as though fully set forth herein. The Permittee acknowledges and agrees that it and its agents, employees and invitees shall, to the extent applicable, abide by the requirements of the MTSA. Furthermore, Permittee, its agents, employees and invitees, shall not obstruct, interfere with, or fail to obey the lawful command of, any State personnel in carrying out the duties required under the MTSA. Any violation of the above conditions may be grounds to terminate, suspend, or cancel the Permit as set forth under paragraph 14 herein.

I fully agree that any misuse of the intended purpose of this permit will necessitate its cancellation, and may result in citations.

PRINT NAME	APPLICANT’S SIGNATURE	DATE
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PIER _____ ONLY

D-DECAL NO. _____ TOTAL AMOUNT RECEIVED: \$ _____ RECEIPT NO. _____

EXPIRE DATE _____

APPROVED BY: _____
HARBOR MASTER DATE