

CHECK IF: CORRECTION REPORT

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION

PIPELINE TOLL 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
Others (specify)	11

AGENT NAME: _____ Agent Code _____

VESSEL NAME: _____ Voy No. _____ CHECK ONE: Incoming Outgoing

Arrival Date _____

Shift Date _____

Departure Date _____

DOMESTIC 1
FOREIGN 2
INTER AND INTRA-ISLAND 3
Pier No. _____

CHECK PIPELINE TOLL CATEGORY
1 STATE 3 CONTRACT
2 PRIVATE 4 SHIP TO SHIP

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1 STATE 3 CONTRACT
2 PRIVATE 4 SHIP TO SHIP

Commodity	Code	Unit of Measure	INCOMING				OUTGOING			
			Rate	Units		Toll Amount	Rate	Units		Toll Amount
				Unbonded	Bonded			Unbonded	Bonded	
Aqua Ammonia	62-51	bbl								
Asphalt	47-52	bbl								
Aviation Gasoline		bbl								
" "	47-53	bbl								
Cement										
" "	61-55	Ton								
Diesel		bbl								
" "		bbl								
" "	47-56	bbl								
Fuel Oil	47-57	bbl								
Gasoline		bbl								
" "		bbl								
" "		bbl								
" "	47-58	bbl								
Jet Fuel		bbl								
" "		bbl								
" "	47-59	bbl								
Kerosene	47-60	bbl								
Light Fuel	47-61	bbl								
Liquefied Petroleum Gas	47-62	bbl								
Lubricating Oil		bbl								
" "		bbl								
" "	47-63	bbl								
Miscellaneous Oil		bbl								
" "		bbl								
" "	47-64	bbl								
Molasses	63-65	ton								
Solvent	47-66	bbl								
Other Chemical Products (List)		bbl								
" "		bbl								
" "	62-67	bbl								
Other Petroleum Products (List)		bbl								
" "		bbl								
" "		bbl								
" "	47-68	bbl								
CARGO TOTALS										

INCOMING PIPELINE TOLL \$ _____ OUTGOING PIPELINE TOLL \$ _____

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 PIPELINE TOLL 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 _____

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