

CHECK IF:

CORRECTION REPORT SHIP TO SHIP

STATE OF HAWAII DEPARTMENT OF TRANSPORTATION HARBORS DIVISION OVERSEAS WHARFAGE REPORT

Table with 2 columns: Port of, Amount. Includes Honolulu, Kalaeloa Barbers Point, Hilo, Kawaihae, Kahului, Nawiliwili, Port Allen, Kaunakakai, Kaunapau, Hana, Other: Specify.

AGENT NAME, VESSEL NAME, ARRIVAL DATE, DEPARTURE DATE, Voy. No., Pier No., Agent Code, DOMESTIC, FOREIGN, Incoming, Outgoing checkboxes.

Main table with columns: Commodity, Code, Units of Measure, Incoming (Rate, Units, Wharf Toll Amount), Outgoing (Rate, Units, Wharf Toll Amount). Rows include AUTOMOBILES & TRUCKS, SHIPPING DEVICE (LOADED, EMPTY), 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. OVERSEAS DOCUMENT NO. FOR HARBOR USE ONLY PAYMENT DATE RECEIVED NOT RECEIVED RECEIPT NO. INTEREST DUE \$