

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION
PIPELINE TOLL REPORT (PRIVATE)

CHECK IF: CORRECTION REPORT

Check one: 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
Other: Specify	11

AGENT NAME _____ Agent Code _____

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

ARRIVAL DATE _____ Pier No. _____ DOMESTIC 1

FOREIGN 2

DEPARTURE DATE _____ INTER AND 3

INTRA ISLAND

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

INCOMING PIPELINE TOLL

OUTGOING PIPELINE TOLL

TOTAL PIPELINE TOLL CHARGES

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.

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.

PLEASE FILE ORIGINAL AND ONE COPY

_____ Date _____ Agent or Owner _____ Signature _____

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