

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATIONCORRECTION ☐
REPORT **HARBORS DIVISION
PASSENGER REPORTSHIP TO SHIP ☐

Rates Effective 07/01/2012 to 06/30/2013

Check one:

This report applies to
Hawaii Commercial Port of

Honolulu	1
Kalaheo Barbers Point	2
Hilo	3
Kawaihae	4
Kahului	5
Nawiliwili	6
Port Allen	7
Kaunakakai	8
Kaunapapa	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 AND 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 in-transit, 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

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.			