

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

CHECK IF: ☐ CORRECTION REPORT

AGENT NAME _____ Agent Code _____
VESSEL NAME _____ Voy. No. _____ CHECK ONE: Incoming Outgoing
ARRIVAL DATE _____ Pier No. _____ DOMESTIC 1 ☐ ☐
FOREIGN 2 ☐ ☐
DEPARTURE DATE _____ INTER AND INTRA ISLAND 3 ☐ ☐

Check one: Port of	
Honolulu	1
Kalaheo Barbers Point	2
Hilo	3
Kawaihae	4
Kahului	5
Nawiliwili	6
Port Allen	7
Kaunakakai	8
Kaunapali	9
Hana	10
Other: Specify	11

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.

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.

ENCLOSED IS
CHECK NO. _____
FOR THE AMOUNT OF

\$

PLEASE FILE ORIGINAL AND ONE COPY

Date	Agent or Owner	Signature
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.		