

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION
PASSENGER REPORT

CORRECTION [ ]
REPORT \*\*
SHIP TO SHIP [ ]

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

Table with 2 columns: Port Name, Count. Includes Honolulu (1), Kalaeloa Barbers Point (2), Hilo (3), Kawaihae (4), Kahului (5), Nawiliwili (6), Port Allen (7), Kaunakakai (8), Kaunalapau (9), Hana (10).

AGENT NAME \_\_\_\_\_ Agent Code \_\_\_\_\_
VESSEL NAME \_\_\_\_\_ Voyage No. \_\_\_\_\_
ARRIVAL DATE \_\_\_\_\_ Pier No. \_\_\_\_\_
DEPARTURE DATE \_\_\_\_\_ DOMESTIC [ ]
FOREIGN [ ]

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: \_\_\_\_\_

Table with 6 columns: Commodity, Code, Units of Measure, Rate, Units, Wharf Toll Amount. Rows include PASSENGERS EMBARKING, PASSENGERS DISEMBARKING, PASSENGERS IN TRANSIT, OFFSHORE MOORING, and TOTAL WHARFAGE CHARGES.

- NOTE: 1. Payment and correctly completed reports must be received not later than fifteen (15) days after date of intransit, 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.