

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION
PASSENGER REPORT

CORRECTION
REPORT **

SHIP TO SHIP

Rates Effective 07/01/2018 to 06/30/2019

Check one:	
This report applies to Hawaii Commercial Harbor of	
Honolulu	1
Kalaehoa Barbers Point	2
Hilo	3
Kawaihae	4
Kahului	5
Nawiliwili	6
Port Allen	7
Kaunakakai	8
Kaunapouli	9

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.

PREVIOUS PORT VISITED (Other than a State of Hawaii Port): _____

NEXT STATE COMMERCIAL HARBOR TO BE VISITED: _____

FINAL STATE COMMERCIAL HARBOR VISITED: _____

ATD FROM FINAL STATE COMMERCIAL HARBOR VISITED: _____

Commodity	Code	Units of Measure	Rate	Units	Wharf Toll Amount
HONOLULU HARBOR					
PASSENGER FEE (for the attached itinerary) HAR §19-44-70-(b)	60-45	each	\$15.00		
ALL OTHER HAWAII COMMERCIAL HARBORS					
PASSENGER FEE (for the attached itinerary) HAR §19-44-70-(b)	60-46	each	\$8.00		
TOTAL WHARFAGE CHARGES					

- NOTE:
1. Payment and correctly completed reports must be received within fifteen (15) days after the departure of the passenger vessel from the last state commercial harbor used by the vessel on that voyage or itinerary. (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 Phone No. 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; passenger fees must be paid for each report.

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.			