

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION
INTER-INTRA ISLAND WHARFAGE REPORT

Table with 2 columns: Port of, and a numerical value. Rows include Honolulu (1), Kalaehoa Barbers Point (2), Hilo (3), Kawaihae (4), Kahului (5), Nawiliwili (6), Port Allen (7), Kaunakakai (8), Kaunapau (9), and Hana (10).

CORRECTION REPORT ** []
SHIP TO SHIP []

AGENT NAME _____ Agent Code _____
VESSEL NAME _____ Voy. No. _____
ARRIVAL DATE _____ Pier No. _____
DEPARTURE DATE _____

Main table with columns: Commodity, Code, Units of Measure, Incoming (Rate, Units, Wharf Toll Amount), and Outgoing (Rate, Units, Wharf Toll Amount). Rows include AUTOMOBILES & TRUCKS, SHIPPING DEVICE (LOADED and EMPTY), SURCHARGE, FACILITIES SECURITY CHARGE, ISLAND AGRICULTURAL PRODUCTS, SHIPPING DEVICE, DRY BULK CARGO, and VEHICLES.

Summary row with columns: WHARFAGE DUE, INCOMING, OUTGOING, and TOTAL WHARFAGE 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. (As provided for in HAR 19-44-61).
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

Form with columns: Date, Agent or Owner, Phone No., Signature. Includes fields for TRANSMITTAL NO., INTER-ISLAND DOCUMENT NO., PAYMENT DATE RECEIVED, RECEIPT NO., NOT RECEIVED, INTEREST DUE, and a dollar amount field.

** FOR CORRECTION REPORT, STRIKE THROUGH ORIGINAL DATA & RECORD THE NEW INFORMATION IN RED INK.
*** ALL EMPTIES MUST BE REPORTED
+ SUM OF THE NO. OF UNITS REPORTED IN LOADED SHIPPING DEVICE MUST EQUAL THE NO. OF UNITS REPORTED IN FACILITIES SECURITY CHARGE (Code 60-99). All reported units must be whole numbers with the exception of commodity codes that have unit of measure of ton and mbf, 2 decimals.