

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION

Table with 2 columns: Port of, and a numerical value. Ports include Honolulu, Kalaeha, Hilo, Kawaihae, Kahului, Nawiliwili, Port Allen, Kaunakakai, Kaunapau, and Hana.

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

OVERSEAS TRANSSHIPMENT WHARFAGE REPORT

AGENT NAME \_\_\_\_\_ Agent Code \_\_\_\_\_
VESSEL NAME \_\_\_\_\_ Voy. No. \_\_\_\_\_
ARRIVAL DATE \_\_\_\_\_ Pier No. \_\_\_\_\_
DEPARTURE DATE \_\_\_\_\_
DOMESTIC Incoming 1 [ ] Outgoing [ ]
FOREIGN \* 2 [ ] [ ]

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, LOADED, EMPTY, SURCHARGE, FACILITIES SECURITY CHARGE, ISLAND AGRICULTURAL PRODUCTS, SHIPPING DEVICE, DRY BULK CARGO, etc.

Summary row: WHARFAGE DUE, INCOMING, OUTGOING, 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

Date \_\_\_\_\_ Agent or Owner \_\_\_\_\_ Phone No. \_\_\_\_\_ Signature \_\_\_\_\_

TRANSMITTAL NO. OVERSEAS DOCUMENT NO. FOR HARBOR USE ONLY PAYMENT DATE RECEIVED NOT RECEIVED RECIPT NO. INTEREST DUE \$

IF CORRECTION REPORT-ENTER TOLL REPORT DOCUMENT NO.

- \* FOREIGN REPORT: NUMBER OF UNITS REPORTED IN LOADED SHIPPING DEVICES MUST BE REFLECTED IN SURCHARGE BELOW.
\*\* 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.