

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

Table with 2 columns: Harbor Name, Amount. Includes Honolulu, Kalaehoa Barbers Point, Hilo, Kawaihae, Kahului, Nawiliwili, Port Allen, Kaunakakai, Kaunapau.

AGENT NAME _____

Agent Code _____

VESSEL NAME _____

Voyage No. _____

DOMESTIC []

ARRIVAL DATE _____

Pier No. _____

FOREIGN []

DEPARTURE DATE _____

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: _____

Table with 6 columns: Commodity, Code, Units of Measure, Rate, Units, Wharf Toll Amount. Includes rows for HONOLULU HARBOR and ALL OTHER HAWAII COMMERCIAL HARBORS.

- 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.

FOR HARBOR USE ONLY
TRANSMITTAL NO. _____ PAYMENT DATE RECEIVED _____ RECEIPT NO. _____
DOCUMENT NO. _____ NOT RECEIVED _____ INTEREST DUE \$ _____
IF CORRECTION REPORT-ENTER TOLL REPORT DOCUMENT NO. _____