

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, Kalaeloa Barbers Point, Hilo, Kawaihae, Kahului, Nawiliwili, Port Allen, Kaunakakai, Kaumalapau.

AGENT NAME _____
VESSEL NAME _____ Voyage No. _____
ARRIVAL DATE _____ Pier No. _____
DEPARTURE DATE _____

Agent Code _____
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: _____

Table with 6 columns: Commodity, Code, Units of Measure, Rate, Units, Wharf Toll Amount. Rows include HONOLULU HARBOR and ALL OTHER HAWAII COMMERCIAL HARBORS with passenger fees.

- NOTE: 1. Payment and correctly completed reports must be received within fifteen (15) days after the departure of the passenger vessel... 2. Late payment fee and interest will be charged for all incorrect or delinquent filing and payment.

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.