



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

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FIRST DEPUTY

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AQUATIC RESOURCES
BOATING AND OCEAN RECREATION
BUREAU OF CONVEYANCES
COMMISSION ON WATER RESOURCE MANAGEMENT
CONSERVATION AND COASTAL LANDS
CONSERVATION AND RESOURCES ENFORCEMENT
ENGINEERING
FORESTRY AND WILDLIFE
HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

ATTACHMENT D

VESSEL TRANSFER OR CHANGE FORM

MOLOKINI SHOAL MARINE LIFE CONSERVATION DISTRICT COMMERCIAL USE PERMIT

Use this form for any emergency or permanent changes to vessels, permittees, or designated vessel captains. For more information, see MLCD permit terms and conditions.

Original Permittee/Designated Captain/Vessel Information

Principle Name: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Boat Name: _____ Boat Length: _____

Hull Type: Mono Catamaran Trimaran Passenger Capacity: _____

Power Type: Engine Sail Both

Vessel Captain Name(s): _____

State Registration: _____ Federal Vessel Doc.: _____

Permit Number: _____

New Permittee/Designated Captain/Vessel Information

Transfer Type: Temporary/Emergency Permanent

Change to (check all that apply): Vessel Designated Captains (5 trips' prior experience required)

Principle Name: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Boat Name: _____ Boat Length: _____

Hull Type: Mono Catamaran Trimaran Passenger Capacity: _____

(Coast Guard Passenger Capacity certification attached?)

Power Type: Engine Sail Both

New Designated Vessel Captain Name(s) : _____

State Registration: _____ Federal Vessel Doc.: _____

Permit Number: _____

I certify that the above information is correct, and that I have reviewed all terms and conditions of the Molokini Shoal MLCD Use Permit. If I am signing as a new Designated Vessel Captain, I additionally certify that I have five trips' worth of prior experience to Molokini Shoal, either on board the vessel covered by this permit, or a vessel of similar size, propulsion, and passenger capacity.

Principle Signature **Date**

New Designated Vessel Captain Signature **Date**

New Designated Vessel Captain Signature **Date**

If this form is being submitted for an emergency or permanent vessel transfer, please submit the Coast Guard Passenger Capacity certification for the new vessel to be covered under the commercial use permit.

(for office use only)

Approved by: _____ **on**

Date: _____