



**STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES**

POST OFFICE BOX 621  
HONOLULU, HAWAII 96809

**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**

Principal or Agent Name: \_\_\_\_\_

Business (Permittee) 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)

Principal or Agent Name: \_\_\_\_\_

Business (Permittee) 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 MLCB 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.**

\_\_\_\_\_  
**Principal or Agent 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:** \_\_\_\_\_