

## INCOMING VESSEL DECLARATION FORM

For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1 2 3 4 5 6 7 8 9 0

<ul> <li>Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, sore throat, shortness of breath, headache, or loss of smell; and</li> </ul>	NAME:
CONTACT INFORMATION:  STREET  CITY/TOWN  STATE  ZIP CODE  HARBOR  VESSEL REGISTRATION #  CONTACT TELEPHONE:  (	FIRST NAME
STREET  CITY/TOWN  STATE  ZIP CODE  HARBOR  VESSEL REGISTRATION #  CONTACT TELEPHONE:  ( ) )	LAST NAME
CITY/TOWN  STATE  ZIP CODE  HARBOR  VESSEL REGISTRATION #  CONTACT TELEPHONE:  ( ) ) -	CONTACT INFORMATION:
STATE  ZIP CODE  HARBOR  VESSEL REGISTRATION #  CONTACT TELEPHONE:  ( )	STREET
The undersigned hereby certifies under penalty of perjury that all information contained in this form is true and accurate and that all persons aboard the above named vessel:  • Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, some throat, shortness of breath, headache, or loss of smell; and	CITY/TOWN CITY/TOWN
HARBOR  VESSEL REGISTRATION #  CONTACT TELEPHONE:  (	STATE
VESSEL REGISTRATION #  CONTACT TELEPHONE:  (	ZIP CODE -
CONTACT TELEPHONE:  (	HARBOR SLIP #
DECLARATIONS:  NUMBER OF CONSECUTIVE DAYS THE VESSEL HAS BEEN AT SEA  The undersigned hereby certifies under penalty of perjury that all information contained in this form is true and accurate and that all persons aboard the above named vessel:  • Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, sore throat, shortness of breath, headache, or loss of smell; and	VESSEL REGISTRATION #
NUMBER OF CONSECUTIVE DAYS THE VESSEL HAS BEEN AT SEA  The undersigned hereby certifies under penalty of perjury that all information contained in this form is true and accurate and that all persons aboard the above named vessel:  • Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, sore throat, shortness of breath, headache, or loss of smell; and	CONTACT TELEPHONE:
NUMBER OF CONSECUTIVE DAYS THE VESSEL HAS BEEN AT SEA  The undersigned hereby certifies under penalty of perjury that all information contained in this form is true and accurate and that all persons aboard the above named vessel:  • Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, sore throat, shortness of breath, headache, or loss of smell; and	
THE VESSEL HAS BEEN AT SEA  The undersigned hereby certifies under penalty of perjury that all information contained in this form is true and accurate and that all persons aboard the above named vessel:  • Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, sore throat, shortness of breath, headache, or loss of smell; and	DECLARATIONS:
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<ul> <li>Are not exhibiting any symptoms of the COVID-19 disease, such as fever, dry cough, sore throat, shortness of breath, headache, or loss of smell; and</li> </ul>	The undersigned hereby certifies under penalty of perjury that all information contained i
throat, shortness of breath, headache, or loss of smell; and	this form is true and accurate and that all persons aboard the above named vessel:
	throat, shortness of breath, headache, or loss of smell; and
	<ul> <li>Will quarantine in accordance with all emergency proclamations relating to the COVID-1</li> </ul>
pandemic issued by David Y. Ige, Governor of Hawaii, including all those currently in	

Out-of-state vessels where all persons on board have been at sea with no port call for at least ten (10) consecutive days shall satisfy quarantine requirements.
 Violation of the rules of quarantine is a misdemeanor and grounds for a fine of

not more than \$5,000 or imprisonment of not more than one year, or both, and shall

DATE

be in addition to all other penalties provided by law.

SIGNATURE

Rev. 2/12/21