

CHECK IF:

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES



CORRECTION REPORT **

DIVISION OF BOATING AND OCEAN RECREATION

PASSENGER REPORT

Rates Effective 03-25-2021

SHIP TO SHIP

Check one:	
This report applies to the following DOBOR facility:	
Lahaina SBH	1
Kailua Pier	2
Manele SBH	3

AGENT NAME _____ Agent Code _____

VESSEL NAME _____ Voyage No. _____

ARRIVAL DATE _____

DEPARTURE DATE _____

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 HARBOR TO BE VISITED: _____

FINAL STATE HARBOR VISITED: _____

ATD FROM FINAL STATE HARBOR VISITED: _____

Commodity	Code	Units of Measure	Rate	Units	Wharf Toll Amount
LAHAINA SMALL BOAT HARBOR					
PASSENGER FEE (for the attached itinerary) HAR §13-234-26(b)(1)	1444-1	each	\$3.00		
ALL OTHER STATE SMALL BOAT HARBORS AND BOATING FACILITIES					
PASSENGER FEE (for the attached itinerary) HAR §13-234-26(b)(2)	1444-1	each	\$2.00		
TOTAL WHARFAGE CHARGES					

- NOTE:
1. Payment and correctly completed reports must be received within thirty (30) calendar days after the departure of the passenger vessel from a state small boat harbor or state boating facility. (As provided for in HAR §13-234-26(c))
 2. Late payment fee and interest will be charged for all incorrect or delinquent filing and payment. (As provided for in HAR §13-234-2 & §13-234-2(f))

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 Rules of the Division of Boating and Ocean Recreation, Department of Land and Natural Resources, 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.

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