

KEALAKEKUA BAY STATE HISTORICAL PARK (KBSHP)  
VESSEL SPECIAL USE PERMIT (SUP)– 2026  
**COMMERCIAL APPLICATION FORM INSTRUCTIONS**

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|-------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1. PERMIT STATUS        | – Place an “√” by clicking in the box. New: First time applying for vessel(s); Renewal: Reapplying for same vessel(s).  |
| 2. PERMITTEE            |                                                                                                                         |
| 3. VESSEL NAME          | – Name of the owner or manager of business holding the permit. As shown on driver’s license or official identification. |
| 4. REGISTRATION #       | – If there is one. (Usually boats or canoes.)                                                                           |
| 5. VESSEL DOCUMENT TYPE | – Usually starts with HA and six numbers or letters after.                                                              |
| 6. VESSEL TYPE          | – U.S. Coast Guard certified (boats)                                                                                    |

**1 application form for each type of vessel.**

- |             |                                                     |
|-------------|-----------------------------------------------------|
| BOAT        | ○ catamaran, power                                  |
| CANOE       | ○ outrigger, double hull,                           |
| INFLATABLE  | ○ Rigid Hulled Inflatable Boat (air filled vessels) |
| KAYAK       | ○ all types including inflatable                    |
| PADDLEBOARD | ○ stand-up, kneeling                                |

- |                              |                                                                                                                                                                      |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. VESSEL DOCUMENT #         | - All numbers                                                                                                                                                        |
| 8. OVERALL VESSEL LENGTH     | - In feet and inches                                                                                                                                                 |
| 9. VESSEL PASSENGER CAPACITY | - The total number of people that the vessel can hold.                                                                                                               |
| 10. TOTAL # OF VESSELS       | - The number of vessel(s) covered by this permit.                                                                                                                    |
| ○ BUSINESS NAME              | - Name of the business/company.                                                                                                                                      |
| ○ EMAIL ADDRESS              | - Enter e-mail address. (Preferred to get you your permit faster.)                                                                                                   |
| ○ MAILING ADDRESS            | - Address you want postal mail addressed to.                                                                                                                         |
| ○ BUSINESS PHONE #           | - Business Telephone number.                                                                                                                                         |
| ○ MOBILE PHONE #             | - Mobile telephone number.                                                                                                                                           |
| ○ MOBILE ACCEPTS TEXT        | - √ if your mobile phone accepts text.                                                                                                                               |
| ○ BUSINESS CONTACT NAME      | - Enter contact name for business.                                                                                                                                   |
| ○ ALTERNATE CONTACT NAME     | - Enter in an alternate contact name for emergencies.                                                                                                                |
| ○ FAX #:                     | - Enter Fax Number.                                                                                                                                                  |
| ○ PERMITTEE SIGNATURE        | - The Permittee signs name or types it in.                                                                                                                           |
| ○ DATE                       | - Enter in the date you are submitting application form.                                                                                                             |
| ○ EMAIL APPLICATION          | - <b>E-MAIL Application and Decal Instruction forms, current Certificate Of Insurance (COI), and General Excise Tax (GET) License to KBSHP.VESSEL.SUP@hawaii.gov</b> |

**\*\*Please note that application(s) are processed in the order in which they are received. If an application is returned to the sender for missing required information, it will then be processed in the order that it is returned corrected back to the office.**