



APPLICATION FOR MOORING PERMIT / MOORING WAITLIST

Division of Boating and Ocean Recreation
Department of Land and Natural Resources, State of Hawaii



1. PERMIT INFORMATION

Date: / / Island (✓ one) : Hawaii Kauai Lanai Maui Molokai Oahu
Location: _____ Category: _____

OFFICE USE ONLY

Date Received:

Received By:

2. APPLICANT INFORMATION

Name (Last): _____ (First): _____ (M.I.): _____ Suffix: _____

Date of Birth: / / Gender: Female Male Occupation: _____

Employer: _____

Phone (business): (home): Email: _____

Mailing Address: _____ Apt #:

City: _____ State: _____ Zip:

Billing Address: _____ Apt #:

City: _____ State: _____ Zip:

3. VESSEL INFORMATION (If you have NOT yet purchased or registered your vessel, skip this step and proceed to section 6.)

check if same as Applicant

Owner's Name (Last): _____ (First): _____ (M.I.): _____ Suffix: _____

Date of Birth: Gender: Female Male Phone: _____

Co-owner's Name (Last): _____ (First): _____ (M.I.): _____ Suffix: _____

Date of Birth: / / Gender: Female Male Phone: _____

Vessel Name: _____ Port of Registry: _____

Documentation Type: Registration Coast Guard Documentation None

Registration or Doc. #: Expiration Date: / /

Hull Manufacturer: _____ Year Built: Length Overall:

Hull ID#: Number of Hulls: Length Over Deck:

Hull Color: _____ Cabin Color: _____ Draft of Vessel:

Top Deck Color: _____ Trim Color: _____ Beam of Vessel:



APPLICATION FOR MOORING PERMIT OR MOORING WAITLIST (Continued)

4. VESSEL TYPE AND PROPULSION (If you have NOT yet purchased or registered your vessel, skip this step and proceed to section 6.)

Vessel Type (✓one): Open Motorboat Motor Vessel (more than 65) Sailing Vessel Houseboat Runabout
 Auxiliary Powered Sailing Vessel Cabin Motorboat Thrillcraft Dinghy or Skiff
 Barge Platform Other: _____

Principle Use (✓one): Pleasure Charter Fishing Commercial Fishing Commercial Passenger Charter Bare Boat
 Dealer Manufacturer Charter Sail Water Taxi Other Commercial: _____

Primary Propulsion Type (✓one): Power Sail None Other: _____

If Power: Engine Type(s) (✓one): Outboard Inboard Outboard / Inboard Manual None Other: _____

Engine Manufacturer: _____ Horsepower: Number of Engines:

If Sail: Rigging Type: Sloop Schooner Three-Masted Schooner Four-Masted Schooner Ketch Brig
 Brigantine Barque Barquentine Fully Rigged Ship Snow Yawl Cutter Clipper

Auxiliary Propulsion for Sail:

Engine Type(s) (✓one): Outboard Inboard Outboard / Inboard None

Engine Manufacturer: _____ Horsepower: Number of Engines:

Fuel Type (✓one): Gasoline Diesel Electric Other (specify): _____

5. VESSEL PURCHASED INFO (If you have NOT yet purchased or registered your vessel, skip this step and proceed to section 6.)

I, the undersigned, (✓one) Purchased Leased Other (specify): _____
 the aforementioned vessel on (date): from: _____

The vessel described on this application is free of all liens, mortgages, or other encumbrances except as follows:

Provide the name or institution holding security interest.

Name (Last) or Institution: _____

Address: _____

City: _____ State: _____ Zip:

Name (Last) or Institution (if jointly held): _____

Address: _____

City: _____ State: _____ Zip:

6. DECLARATION OF HAWAII RESIDENCY

Proof of residency must be presented at Harbor office within seven (7) days of application submission. Failure to present proof will result in automatic denial of the application and forfeiture of fees. Applicant will be required to resubmit in person their application and documentation at a DoBOR office.

I claim legal residence in Hawaii

7. AGREEMENT & SIGNATURE

I agree to comply with the provisions of the Hawaii Administrative Rules as promulgated by the Division of Boating and Ocean Recreation applicable to this permit.

 Signature of Applicant

/ /
 Date



PROOF OF HAWAII RESIDENCY

Division of Boating and Ocean Recreation
Department of Land and Natural Resources
State of Hawaii



1(a). APPLICANT RESIDENCY STATEMENT

Proof of residency must be presented at Harbor office within seven (7) days of application submission. Failure to present proof will result in automatic denial of the application and forfeiture of fees. Applicant will be required to resubmit in person their application and documentation at a DoBOR office.

OFFICE USE ONLY

Date Received:

Received By:

I, (print your full name) _____, claim legal residence in the:
 State of Hawaii -OR- state & country of (specify): _____.

1(b). APPLICANT INFORMATION

Name (Last): _____ (First): _____ (M.I.): _____ Suffix: _____

Date of Birth: / / Gender: Female Male Phone (h): Phone (o):

Citizenship: United State of America -OR- Other country (specify): _____

Alien Only-Visa Status: Student Migrant Other (specify): _____

Mailing Address: _____ Apt #:

Address Line 2: _____ Country: _____

City: _____ State: _____ Zip:

Primary Residence Address: _____ Apt #:

City: _____ State: _____ Zip:

2. FOR RESIDENT ADULTS ONLY

If you claim Hawaii as your legal residency, are 18 years old or over, or married, complete following section.

a. Length of residency in the State of Hawaii: From: / /

b. Resident income tax returns (check & complete the pertinent portion).

(1) In the past 2 years, I filed State of Hawaii resident income tax returns.

Name under which I filed the State of Hawaii resident income tax returns (full name): _____

-OR-

(2) In the past 2 years, I filed resident income tax returns in (state) _____.

-OR-

(3) I did NOT file resident income tax returns in any State or County during the past 2 years.

c. Registered to vote in the State of _____.

d. Last voted in the State of _____ in the year .

e. Do you currently own a car registered in the State of Hawaii? Yes No. If Yes, write the license plate number:



PROOF OF HAWAII RESIDENCY(Continued)

2. FOR RESIDENT ADULTS ONLY (Continued)

f. Describe time periods when you were out of the State of Hawaii during the last 12 months (include dates & reasons; if none, so indicate).

g. Names of employer(s) for the past three years (include addresses and dates of employment; if none, so indicate).

_____ -

_____ -

_____ -

h. Do you have close relatives living in the state of Hawaii? Yes. No.

If Yes, indicate (check all that apply): Mother Father Brother(s) Sister(s) Other (specify): _____

i. Do you currently own or lease residential property in the State of Hawaii? Yes. No.

If Yes, do you live on the property? Yes. No. What is the address of the property? _____

Leased / owned since (year): _____

j. Do you currently own a business in the State of Hawaii? Yes. No. If Yes, what is the name and address of the business?

Last year in which you paid Hawaii General Excise Tax for your business:

k. Have you ever been licensed by the State of Hawaii for practise of some professional occupation? Yes. No.

If Yes, what occupation? _____ Last year licensed:

l. Are you a member of any volunteer organizations in Hawaii? Yes. No. If Yes, please list: _____

m. I am a resident and intend to continue residency in the State of Hawaii, and I am: 18 years of age or older under 18 years of age.

n. Indicate on a separate sheet any other information which you believe would aid in establishing your claim of legal residence in Hawaii.

3. CERTIFICATION & SIGNATURE

I certify that the answers and responses in this application are true to the best of my knowledge, and I undennstand that misrepresentation of any fact upon this form is a violation of the Small Boat Harbors Regulations, Department of Land and Natural Resources, State of Hawaii and may be cause for the rejection of this application and revocation of use permits. I hereby authorize the persons, agencies or institutions identified on the form to release information to the Department of Land and Natural Resources, State of Hawaii to confirm my responses.

 Printed Name of Applicant

 Signature of Applicant

/ /
 Date