


# ARRIVING CONUS/INTERNATIONAL OR DEPARTING INTERISLAND VERIFICATION PROCEDURES

This document supplements the DOTA Screening Process for [Arriving CONUS/INTERNATIONAL Passengers](#) or [Departing Interisland Passengers](#) – dated April 19, 2020

STEP 1 – VERIFY FORMS AND ID	
<p>A. Request Verification form with PAX Government photo ID.</p> <p>The following are Mandatory Verification forms:</p> <ul style="list-style-type: none"> <li>• <a href="#">State Agriculture Plant and Animals Declaration Form (AG form)</a></li> <li>OR</li> <li>• <a href="#">Interisland Declaration Form</a></li> </ul> <p>Optional Form</p> <ul style="list-style-type: none"> <li>• Safe Travels confirmation page</li> </ul> <p><b>NOTE to SCREENER – DO NOT WRITE ON FORMS. ANY CORRECTIONS SHALL BE MADE BY THE PAX</b></p>	<p><b><i>Are forms complete?</i></b></p> <p>No – Take PAX to side to complete appropriate Verification Form</p> <p>Yes – Next Step 1B</p> <p><b><i>Does PAX have Safe Travels confirmation?</i></b></p> <p>If arriving CONUS/International, PAX must complete the AG form, then Step 1B</p> <p>If Interisland PAX, the Interisland Declaration form is not needed, Next Step 1B.</p> <p><b><i>Is PAX an unaccompanied minor?</i></b></p> <p>No – Next Step 1B</p> <p>Yes – Collect the appropriate Verification form. PAX can sign the form. Optional – escort PAX to awaiting parent/legal guardian to sign the form</p>
<p>B. Match the PAX FULL NAME with the form(s) presented and the Picture ID</p>	<p><b><i>Does PAX FULL NAME match the form and picture ID?</i></b></p> <p>No – Send PAX to LEO/Sheriff</p> <p>Yes – AND if PAX shows Safe Travels Confirmation page, go to STEP 2</p>
<p>C. For PAX Exemption</p> <p>Refer to GOV's 25 exemption categories (see attached) PAX may show a company ID to confirm. If VERIFIED then release from gate, no further action</p> <p>If exemption format is a memo, the memo must be signed. If signed, then release from gate, no further action.</p> <p>If memo not signed, the exemption is invalid and cannot be accepted, have PAX continues with STEP 2-4.</p>	<p>IF PAX has Exemption or Military, give a copy <b>Order for Arriving Persons Traveling who are Exempt of Self Quarantine flyer</b>. PAX released no further screening.</p>

## STEP 2 – PROCESS ORDER FOR SELF-QUARANTINE

### A. Witness PAX read and initial items #1-#6



**STATE OF HAWAII**  
HAWAII EMERGENCY MANAGEMENT AGENCY  
3900 KUMUHOA ROAD  
HONOLULU, HI 96819

**ORDER FOR SELF-QUARANTINE**

On March 4, 2020, the Governor of the State of Hawai'i proclaimed a state of emergency in response to the COVID-19 pandemic, and on March 13, 2020, the President of the United States of America declared a national emergency. As part of the effort to contain the spread of COVID-19, on March 31, 2020, the Governor ordered all persons traveling to and between islands in the State of Hawai'i to self-quarantine and has adopted Rules Relating to COVID-19.

Pursuant to the Governor's proclamation and the Rules Relating to COVID-19, the Director of the Hawai'i Emergency Management Agency (HIEMA) hereby orders you to comply with the following:

- Truthfully, accurately and fully complete, authenticate and sign the mandatory State of Hawai'i Department of Agriculture Plants and Animals Declaration Form, the Interisland Declaration Form or the forms found on the Safe Travels website. [initial]
- Proceed directly from the airport to your designated quarantine location, which is the location identified and affirmed by you on the applicable form identified in Section I.
  - If you are a resident, your designated quarantine location is your residence.
  - If you are a visitor, your designated quarantine location is your hotel room or rented lodging. [initial]
- Remain in your designated quarantine location for a period of 14 days or the duration of your stay in the State of Hawai'i, whichever is shorter.
  - You may leave your designated quarantine location only for medical emergencies or to seek medical care. [initial]
- Do not visit any public spaces, including but not limited to pools, meeting rooms, fitness centers or restaurants. [initial]

Revised: 04/16/2020

- Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by the Director of HIEMA. [initial]
- Comply with any and all rules or protocols related to your quarantine as set forth by your hotel or rented lodging. [initial]

The knowing and intentional failure to follow any part of this order constitutes a criminal offense punishable by a fine of not more than \$5,000, or imprisonment of not more than one year, or both.

I, \_\_\_\_\_, declare under penalty of law that I have received, read and understood the above Order for Self-Quarantine, and that all information provided herein is true and accurate, including but not limited to the information I provided pursuant to paragraph 1, including my designated quarantine location and telephone number.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

Unique Government ID Number  
(for example, Driver's License Number)

Witnessed by \_\_\_\_\_, on \_\_\_\_\_  
(Screener Name [print]) (date)

\_\_\_\_\_  
(Screener Signature)

\_\_\_\_\_  
Screener AOA or Company Number

Revised: 04/16/2020

### MUST DO FOR ALL ARRIVING PAX:

Have each PAX sign this form even if it's a Transit flight.

Why?

- The PAX could be in Transit to interisland and not leave the sterile area and therefore will not have signed this form
- The PAX could change their mind and exit the Airport property and not return for their Transit flight

### Does PAX initial lines #1 thru #6?

No – have person complete it or refer to LEO/Sheriff  
Yes – Next Step 2B.

Note: While person is reading and initialing each line, have screener verbally reinforce to the PAX that they are agreeing to the terms stated.

For example, say statements such as:

“you understand that you are agreeing to self-quarantine for the next 14 days at the destination listed on the form.”

“you cannot allow visitors in/out of your designated quarantine location other than those listed on this form.”

“you understand that by signing this form, should you fail to follow any part of this order that it's a criminal offense.”

B. Witness PAX fill in the attestation portion – I, ..., Print Name, Sign, and date.

5. Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by the Director of HIEMA.

(initial)

6. Comply with any and all rules or protocols related to your quarantine as set forth by your hotel or rented lodging.

(initial)

The knowing and intentional failure to follow any part of this order constitutes a criminal offense punishable by a fine of not more than \$5,000, or imprisonment of not more than one year, or both.

I, \_\_\_\_\_, declare under penalty of law that I have received, read and understood the above Order for Self-Quarantine, and that all information provided herein is true and accurate, including but not limited to the information I provided pursuant to paragraph 1, including my designated quarantine location and telephone number.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

Unique Government ID Number  
(for example, Driver's License Number)

Witnessed by \_\_\_\_\_, on \_\_\_\_\_  
(Screener Name [print]) (date)

\_\_\_\_\_  
(Screener Signature)

\_\_\_\_\_  
Screener AOA or Company Number

Revised: 04/16/2020

**Did PAX complete attestation portion?**

No – have person complete it or refer to LEO/Sheriff  
Yes – Next Step 2C

C. Screener neatly completes Witness portion of the form  
Fill in PAX's Unique Gov't ID Number from ID presented.

5. Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by the Director of HIEMA.

(initial)

6. Comply with any and all rules or protocols related to your quarantine as set forth by your hotel or rented lodging.

(initial)

The knowing and intentional failure to follow any part of this order constitutes a criminal offense punishable by a fine of not more than \$5,000, or imprisonment of not more than one year, or both.

I, \_\_\_\_\_, declare under penalty of law that I have received, read and understood the above Order for Self-Quarantine, and that all information provided herein is true and accurate, including but not limited to the information I provided pursuant to paragraph 1, including my designated quarantine location and telephone number.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

Unique Government ID Number  
(for example, Driver's License Number)

Witnessed by \_\_\_\_\_, on \_\_\_\_\_  
(Screener Name [print]) (date)

\_\_\_\_\_  
(Screener Signature)

\_\_\_\_\_  
Screener AOA or Company Number

Revised: 04/16/2020

**Note: You may allow PAX to take a picture of the form with their smartphone.**

## STEP 3 – VERIFY CONTACT NUMBER

### A. Locate phone number on AG form and call the number from State cell phone.

STATE OF HAWAII  
Department of Agriculture  
PLANTS AND ANIMALS DECLARATION FORM  
FOR ALL PASSENGERS, OFFICERS AND CREW MEMBERS

ALONE and Welcome to Hawaii! Many plants and animals from elsewhere in the world can be harmful to our island environment, agriculture, and communities. Please help to protect Hawaii by not bringing harmful plants into our state.

**YOU ARE REQUIRED BY STATE LAW TO FILL OUT THIS AGRICULTURAL DECLARATION FORM.** Any person who declares this declaration from other than themselves or fails to declare, provided or concealed, or fails to report prohibited, restricted, regulated, or other items from their home on cargo, baggage, or mail, or Chapter 165A, Hawaii Revised Statutes, and may be guilty of a misdemeanor punishable by certain penalties, for a maximum penalty of \$20,000 and/or up to one year imprisonment. Intentionally engaging in such or other prohibited or restricted acts is a felony, in certain circumstances, a Class C felony punishable by a maximum penalty of \$50,000 and/or up to five years imprisonment.

One adult member of a family may complete this declaration for other family members.

A. I HAVE THE FOLLOWING ITEMS IN MY POSSESSION OR UNDER MY CONTROL:

☐ Fresh Fruit & Vegetables ☐ Soil, Growing Media, Sand, etc.  
☐ Cut Flowers & Foliage ☐ Live Seafood (shrimps, crabs, oysters, etc.)  
☐ Rooted Plants & Plant Cuttings, or Ailans ☐ Cultures of Bacteria, Fungi, Viruses, or Protozoa  
☐ Plant or Propagative Seeds or Bulbs ☐ Insects, Live Fishes, Amphibians, etc.

Please advise all of the above information to your presence and to transport to inspection in a Hawaii Plant Quarantine Inspector in the baggage claim area. The inspector will advise you for inspection on your arrival.

B. I HAVE THE FOLLOWING ITEMS IN MY POSSESSION OR UNDER MY CONTROL:

☐ Dogs ☐ Rabbits (Turtles, Lizards, Snakes, etc.)  
☐ Cats ☐ Other Animals

If you are traveling with any LIVE ANIMALS, you must NOTIFY A CUSTOMS OFFICER PRIOR TO DEPARTURE. All live animals must be carried in the appropriate Animal Quarantine Holding Facility for the transportation carrier. Not the passenger's own vehicle.

☐ NONE OF THE ABOVE

PLEASE LIST THE SPECIFIC TYPES/NUMBERS OF THE ITEMS MARKED ABOVE  
(Items meeting State requirements will be inspected and released.)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Origin (State or Country) of above items \_\_\_\_\_

Declaration (Print Name)  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

See Reverse Side

Locate phone number on Interisland Declaration Form and call the number from State cell phone.

INTERISLAND DECLARATION FORM

For information, please print clearly and  
small text with the shape of the box. The  
following will be accepted: 1 2 3 4 5 6 7 8 9 0

TRAVELER NAME:  
 FIRST NAME \_\_\_\_\_  
 LAST NAME \_\_\_\_\_

RESIDENT ADDRESS:  
 STREET \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

CONTACT TELEPHONE:  
 CELL ( ) - \_\_\_\_\_  
 HOME ( ) - \_\_\_\_\_

DESTINATION:  
 ADDRESS \_\_\_\_\_ FLIGHT NO. \_\_\_\_\_  
 INTERISLAND DESTINATION ADDRESS \_\_\_\_\_  
 PURPOSE OF VISIT \_\_\_\_\_  
 DEPARTURE OF VISIT \_\_\_\_\_  
 RETURN DATE \_\_\_\_\_

### Does PAX cell phone ring?

No – obtain and verify another number where PAX will be called during quarantine period. If none, refer to LEO/Sheriff

Yes – continue to next Step 4

**Note: PAX needs to correct Phone number written on the form. Screener - DO NOT write on the form.**

### Notes to Verify Phone No.:

1. If the passenger's phone rings in your presence, it's VERIFIED.
2. If the passenger's phone does NOT ring, ask for another contact phone number and name of person answering the phone. Call the phone number and ask for the person. Tell the person on the phone that the passenger has given their phone number as a point of contact during their quarantine. If person on the phone is ok, it's VERIFIED
3. For the phone number to be verified, someone must answer the phone.
4. A hotel phone number is not an acceptable phone number.
5. For resident phone number, you can use the iPhone app called Phone Reveal (turn off any pop-up windows that may overlay the app) and check if person's name appears.
6. If person did not enable cell service only has data turned on to their iPhone, call the person using iPhone's facetime feature.

## STEP 4 – VERIFY QUARANTINE LOCATION

### A. Identify place of lodging from AG Form, take note of Island, and call the Place of Lodging.

- An email or printout of hotel/lodging confirmation is acceptable
- When calling the HOTEL/LODGING, ask for the Front Desk. Identify yourself. “Aloha, this is (your name) calling from the Dept. of Transportation at the XXX Airport. I’m calling to confirm that (passenger name) has a reservation at your hotel/lodging. He/She has listed your hotel/lodging as his/her place of self-quarantine. Can you please confirm he/she has a reservation and also the # of nights at your hotel/lodging?”

STATE OF HAWAII  
Department of Agriculture  
PLANTS AND ANIMALS DECLARATION FORM  
FOR ALL PASSENGERS, OFFICIALS AND CREW MEMBERS

PLEASE PRINT CLEARLY AND LEGIBLY. Do not check any boxes unless you are certain of the information. If you are uncertain, please leave the box blank. If you are uncertain, please leave the box blank. If you are uncertain, please leave the box blank.

1. TRAVELER INFORMATION

Island:

2. TRAVELER INFORMATION

Island:

### Identify place of lodging from Interisland Declaration Form, take note of Island, and call the Place of Lodging.

INTERISLAND DECLARATION FORM

Island:

3. TRAVELER INFORMATION

Island:

### If Visitor/Non-Resident –

1. If hotel – confirm length of stay matches the reservation, go to Step 4B
2. If residential address – Go to respective County Short-Term Rental website and search on address.
  - If address matches, refer to LEO/Sheriff?
  - If address doesn't match, go to Step 3B
3. If the If PAX does not have a place of lodging, have PAX make reservation at the gate, then VERIFIED, go to Step 4B
4. If length of stay cannot be Verified, then refer to LEO/Sheriff

### IF Hawaii Resident –

5. If the Home Address listed on the AG or Declaration Form matches the PAX ID's Home Address on the picture ID, it's **VERIFIED** and PAX released.
6. Look up address listed using TMK or Google Search:
  - If address shows owner name matches PAX ID, it's **VERIFIED** and PAX released.
  - If the property owner is not the same as the PAX, ask the PAX for the name of the owner of the property. If PAX provides the matching property owner name, then **VERIFIED** and PAX released.
7. If still not **VERIFIED**, refer to LEO/Sheriff

### Notes:

- there are favorites on the iphone/laptop for each county property tax map website
- there are favorites on the iphone/laptop for each county Approved Short-Term Rentals
- The state cell phone contact is pre-populated with Hawaii hotels statewide

B. Verify page 2 of AG Form questions 9 and 10 are complete.

9. Where will you stay while in Hawai'i? (mark all that apply)	
<input type="checkbox"/> Hotel	<input type="checkbox"/> Friends or Relatives
<input type="checkbox"/> Condominium	<input type="checkbox"/> Hostel
<input type="checkbox"/> Rental House	<input type="checkbox"/> Camp Site, Beach
<input type="checkbox"/> Timeshare Unit	<input type="checkbox"/> Private Room in Private Home
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Shared Room/Space in Private Home
<input type="checkbox"/> Cruise Ship	<input type="checkbox"/> Other (please specify): _____
10. The reason for this trip is: (RESIDENTS - MARK PURPOSE OF YOUR TRIP) (mark all that apply)	
<input type="checkbox"/> Honeymoon	<input type="checkbox"/> Other Business
<input type="checkbox"/> To Get Married	<input type="checkbox"/> Visiting Friends or Relatives
<input type="checkbox"/> Pleasure/Vacation	<input type="checkbox"/> Government or Military Business
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> To Attend School
<input type="checkbox"/> Corporate Meeting	<input type="checkbox"/> Sports Event
<input type="checkbox"/> Incentive Trip	<input type="checkbox"/> Other (please specify): _____

PAX should complete before being released

Note: We cannot hold PAX if they don't fill out this portion