



MANDATORY TRAVEL DECLARATION FORM

FOR ALL PASSENGERS, OFFICERS, AND CREW MEMBERS

The State of Hawaii actively screens and monitors all travelers for public health and safety.

It is required that all travelers provide the information below.

Hawaii Revised Statutes Section 127A-12 and 127A-13.

Complete one per adult.

TRAVELER NAME:

First Name

Middle Initial(s)

Last Name

HOME ADDRESS:

Number and Street

City/Town

State

Zip/Postal Code

-

Country

CONTACT TELEPHONE IN HAWAII:

Primary

Secondary

FLIGHT INFORMATION:

Arriving Airline

Flight No.

Travel Date (MM-DD-YY)

Departing Airline

Depart Flight No.

Depart Date (MM-DD-YY)

DESTINATION LOCATION:

Purpose of Visit:

Vacation Returning Resident Visiting Family /Friends Business Relocate to HI

Hotel/Lodging Name

Number and Street (no PO Box)

City/Town

State

Zip/Postal Code

-

Country

How did you make your reservation?

Directly with Hotel Travel Agent On-line Booking, through _____

Destination Phone Number

Duration of visit

nights

No. of minors in party

Government ID Type:

Passport Driver's License/ID Card Visa Other

ID No.

Signature _____

Date _____

OFFICIAL SCREENER USE ONLY:

Exemption Status

Military Airline Crew Exempt, Exemption Reference? _____