



COUNTY OF MAUI

MANDATORY TRAVEL FORM

FOR ALL PASSENGERS AND CREW MEMBERS

The County of Maui requires that all travelers entering the County provide the information below pursuant to Hawai'i Revised Statutes Section 127A-12 and 127A-13

(For children under the age of 18 years traveling with a parent/guardian please fill out the child's information and sign on behalf of the child.)

TRAVELER INFORMATION:

First Name Middle Initial(s)

--	--

Last Name

--

Home Address Number and Street

--

City/Town State Zip Code

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Government ID Type: ID No.

Passport
 Driver's License/ID Card
 Visa
 Other

--

Email Address: _____ Gender (optional) Male Female Non-Binary

Birthdate (MM/DD/YYYY)

 /

 /

What industry do you work in? (e.g., Health, Construction, Retail)

What is your occupation?

Race (optional):

American Indian/Alaska Native
 Other Pacific Islander
 Asian
 White
 Black/African-American
 Other
 Native Hawaiian

Have you signed a 14-day quarantine order that is currently in effect? Yes No

CONTACT TELEPHONE IN MAUI COUNTY:

Primary (

)

 -

 Secondary (

)

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TRAVEL INFORMATION:

Arriving Airline/Vessel Flight No. or Time Travel Date (MM/DD/YY)

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Departing Airline/Vessel Flight No. or Time Travel Date (MM/DD/YY)

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DESTINATION LOCATION:

Purpose of Visit:

Vacation
 Returning Resident
 Visiting Family/Friends
 Business/Medical
 Relocate to Maui County

Hotel Lodging/Name/Place of Business

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Destination Address or Hotel Name

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City/Town State Zip Code

	HI					
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TRAVEL INFORMATION, CONT.:

Have you traveled outside the State of Hawai'i in the last 14 days? Yes No

If Yes, Where?

From? (MM/DD/YY)

To? (MM/DD/YY)

Country or State: _____

/ /

to

/ /

Country or State: _____

/ /

to

/ /

If you are traveling with children 17 years and younger please fill out first name and last name of accompanying minor(s).

Is this form being filled out on behalf of an unaccompanied minor? Yes No

If yes, provide the name(s) of the adult(s) with whom the unaccompanied minor will be residing or visiting.

Adult Name(s) _____

ATTESTATION:

By submitting this form, I declare under penalty of law that all the information provided herein is true and correct to the best of my knowledge and belief. I ACKNOWLEDGE AND CONSENT TO THIS INFORMATION BEING USED FOR THE PURPOSES DETAILED BELOW. The information on this form will be used by the County of Maui and the Hawaii Department of Health and will be treated as confidential information. The information will be used, to the extent deemed necessary by the County, for the detection of a communicable or dangerous disease and for related prevention, investigation, monitoring, quarantine, or isolation.

(Signature)

(Date)

(Print Name)

On behalf of a minor, under the age of 18 years

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.

OFFICIAL SCREENER USE ONLY:

COM Exemption Letter Form Entered _____
Initial/Date

Form Verified by