



Service Industries Division

Annual Survey of Travel Arrangement Services, 2002

▼ Reference number ▼

This information is collected under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.*

Completion of this questionnaire is a legal requirement under this Act.

This document is confidential when completed.

Français au verso



If necessary, please correct pre-printed information using the corresponding boxes below:

0001	Legal name	0004	Address (number and street)		
0002	Business name	0005	City	0006	Province or State
0003	C/o	0053	Country	0007	Postal code / Zip code

Please read carefully before completing the questionnaire

A. General Information

Survey Purpose

This survey collects financial and operating data needed for the statistical analysis of the Travel Arrangement industry. The information from the survey can be used by organizations involved in research or policy making such as the Canadian Tourism Commission.

Coverage

Please complete the questionnaire for the business unit(s) in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

Data-Sharing Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of *Quebec, Manitoba and British Columbia* in accordance with Section 11 of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.* For business locations operated in *Quebec, Manitoba and British Columbia*, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the statistical agencies of these provinces. The *Statistics Acts* of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal *Statistics Act*.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for **all** operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 605-2493 within 30 days of receipt.

Lost the return envelope or need help? Call us at **1 800 916-9316** or mail to:

Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

5-3300-5: 2002-09-26 STC/SER-425-60130



Statistics Canada
Statistique Canada

Canada

1. Business Activity

- a) Please describe the nature of your business activity in 2002: 0141 _____
- b) Is this a change from the previous year? 0142 1 Yes 3 No
If yes, please provide details in the "Comments" section on page 8.
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue.
- 0057 Travel Agencies, NAICS 561510
- 0058 Tour Operators / Wholesalers, NAICS 561520
- 0040 Other (please specify) 0041 _____

2. Form of Organization

- a) Type of organization (please check one only):
- 0024 1 Sole proprietorship 2 Partnership 3 Incorporated company 4 Co-operative
5 Joint venture 6 Government business entity 7 Government 8 Non-profit organization
- b) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?
0029 1 Yes 3 No
If yes, please name the company or professional practice 0030 _____
- c) Is this business affiliated with a chain or franchise group?
0789 1 Yes 3 No
If yes, please provide name 0790 _____

3. Reporting Period

- a) Please report for your fiscal year ending between April 01, 2002 and March 31, 2003.
- 0011 From

YYYY	MM	DD

 0012 To

YYYY	MM	DD
- b) Period of Operation. If you did not operate this business for a full year, please check (✓) the reason below:
- 0042 Seasonal operation From

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 To

--	--	--	--
- 0032 New business in 2002, effective date

YYYY	MM	DD
- 0034 Change of ownership (please provide name, address of other owner and effective date)
- 0124

YYYY	MM	DD
- 0035 Ceased operation (please specify), effective date 0119

YYYY	MM	DD
- 0036 Temporarily closed (please specify), effective date 0049

YYYY	MM	DD

Please report for your 2002 fiscal year, as indicated in section 3.
Please exclude GST and all other taxes collected by you for remittance to a government agency.

4. Revenue

a) Revenue from travel agency activity

If your business unit sold retail travel products (e.g. sales of tickets, tour and cruise packages, etc.) on a commission basis, please report **total commissions** here

(\$ CDN)
2219

b) Revenue from tour operating activity

If your business unit earned revenue from tour operating activity, please report the **gross value** of tour and cruise packages sold

2232

c) Revenue from wholesale of travel products activity

If your business unit sold travel products (e.g. airline seat tickets, tour or cruises packages) to other travel agencies on a wholesale basis, report the **gross value** here

2236

d) Other operating revenues (guides, maps, luggage, etc.)

2228

e) Total operating revenue (sum of items a, b, c and d)

2080

f) All other revenue

include interest revenues, dividends, investment income, capital gains, etc.

2097

g) Total revenue (sum of items e and f)

2098

5. Revenue by Type of Goods and Services

What percentage of your **total operating** revenue reported in cell 2080 is from:

- i) Transportation fares (e.g. air and rail tickets bookings)
- ii) Tour packages
- iii) Cruise packages
- iv) Accommodation
- v) Vehicle rentals
- vi) Insurance products (e.g. health, baggage and cancellation insurance)
- vii) Services fees (include non-commission charges to clients, e.g. research charges, calls)
- viii) Other sources (e.g. attractions, travellers' cheques, etc.)

Percent (%)
2220
2221
2222
2223
2224
2225
2226
2233
100%

6. Revenue by Destination

Please indicate the percentage of your **total operating** revenue (cell 2080) from travel to:

Canadian Destinations:

- a) Tour and cruise packages
- b) All other travel to Canadians destinations

USA Destinations:

- c) Tour and cruise packages
- d) All other travel to American destinations

All Travel to Other Foreign Destinations:

- e) Tour and cruise package travel
- f) All other travel to other foreign destinations

g) Total

Percent (%)
2243
2270
2271
2272
2273
2274
100%

7. Web Site

Did your business operate a website during your 2002 fiscal reporting year?
If yes, please answer the following questions:

2275 Yes No **If no, go to Question 8.**

a) What were the uses of your web site (check (✓) any that apply)

2276 Advertise travel products and services

2277 Sell travel goods and services

2278 Enhance customers relations

2279 Other (please specify) 2280 _____

b) What percentage of your **total operating** revenue (cell 2080) was conducted over your web site?

2281 %

c) What percentage of your web site sales (cell 2281) were made to clients outside Canada?

2282 %

8. Distribution of Operating Revenue by Type of Client

Please indicate the percentage of your **total operating** revenue (cell 2080) derived from the following clientele:

Clients in Canada

a) Individuals or Households (for leisure purposes)

Percent (%)
2283

b) Individuals or Companies (for business purposes)

2284

c) All levels of government (e.g. federal, provincial, territorial and municipal)

2285

Foreign clients

d) All foreign clients (for leisure or business purposes)

2286

Total

100%

Please indicate the percentage breakdown of operating revenue from sales to **foreign clients** (cell 2286).

U.S.

2287

UK

2288

France

2289

Germany

2291

Japan

2292

Other foreign

2293

Total

100%

9. Expenses

Please report expenses for your 2002 fiscal year in **Canadian dollars**.
Do not include income taxes.

	(\$ CDN)
	4368
a) Total cost of all units of travel purchased from suppliers (carrier, hotel, sightseeing, etc.)	4369
b) Commission paid to travel agents	3010
c) Salaries and wages	3040
d) Benefits paid to employees	4115
e) Rent and lease of premises, equipment and vehicles	4365
f) Advertising and sales promotion	4102
g) Telephone, telecommunications, postage, courier fees and Internet	3303
h) Office expenses	4410
i) Taxes, permits and licences, royalties and franchise fees	4520
j) Depreciation and amortization	4630
k) Interest expenses (both long and short-term)	4349
l) Write-offs, valuation adjustments, capital losses	4569
m) All other expenses, (please specify significant amounts) 4561 <input style="width: 600px; height: 20px;" type="text"/>	4569
n) Total Expenses (sum of items a to m)	4699

10. Employment

a) Paid Employees

Please report the **average number** of persons employed during the reporting period to whom you paid Salaries and Wages (as shown in section 9 Expenses, cell 3010).

- | | Number |
|------------------------------------------------------------------------------|--------|
| i) Full-time full-year Worked more than 30 hours per week | 6071 |
| ii) Full-time part year (seasonal) Worked more than 30 hours per week | 6072 |
| iii) Part-time full-year Worked less than 30 hours per week | 6074 |
| iv) Part-time part year (seasonal) Worked less than 30 hours per week | 6075 |
| v) Total number of employees | 6312 |

b) Working proprietors and/or partners of unincorporated businesses

6321

c) Contract Workers (individuals engaged only for the duration of a specific project or term)

6320

11. Market Analysis

a) Demand for products and services (fiscal year 2002)

i) Please check (✓) all the products / services that you typically sell.

Airline tickets only	<input type="checkbox"/>	9685
Adventure tours / Ecotours / Outdoor	<input type="checkbox"/>	9686
Education / Cultural tours	<input type="checkbox"/>	9687
Sports packages	<input type="checkbox"/>	9688
Resorts packages	<input type="checkbox"/>	9689
Other (please specify)	<input type="checkbox"/>	9690
<input type="text"/>		

ii) Please check (✓) the products / services which generated the greatest demand for your business (**check only one**)

Airline tickets only	<input type="checkbox"/>	9692
Adventure tours / Ecotours / Outdoor	<input type="checkbox"/>	9693
Education / Cultural tours	<input type="checkbox"/>	9694
Sports packages	<input type="checkbox"/>	9695
Resorts packages	<input type="checkbox"/>	9696
Other (please specify)	<input type="checkbox"/>	9697
<input type="text"/>		

b) What is your busiest season (fiscal year 2002)?

Summer 9698 Fall 9699 Winter 9700 Spring 9701

c) Factors affecting your business growth (fiscal year 2002)

Please indicate how the following factors affect the growth of your business unit.

	No effect	Very negatively	Somewhat negatively	Somewhat positively	Very positively
9702 Internet reservations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9703 Competition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9704 Event of September 11, 2001	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9705 Relationship with suppliers (e.g. airlines)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9706 Business affiliations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9707 Access to financing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9708 Economic conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9709 Lack of qualified staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9711 Service charges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9713 Other (please specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<input type="text"/>					

12. Provincial/Territorial Distribution Table

a) Please report the number of business units operated in Canada during the reporting period. "Business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

Number
5001

b) Do you have permanent business locations in **more** than one province or territory?

9966 ³ No – Please go to Section 13

¹ Yes – Please complete 12 c)

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c) Please report the following data for the provinces or territories in which you have business units.

Province or Territory	Business units (Number)	Total Revenue (\$ CDN)	Salaries, Wages and Benefits (\$ CDN)	Employees (Number)	Total Expenses (\$ CDN)
Nfld.Lab.	5002	4824	4826	6225	4925
P.E.I.	5003	4829	4831	6230	4936
N.S.	5004	4834	4836	6235	4935
N.B.	5005	4839	4841	6240	4940
Que.	5006	4844	4846	6245	4945
Ont.	5007	4849	4851	6250	4950
Man.	5008	4854	4856	6255	4955
Sask.	5009	4859	4861	6260	4960
Alta.	5010	4864	4866	6265	4965
B.C.	5011	4869	4871	6270	4970
Nunavut	5012	4884	4886	6275	4975
N.W.T.	5013	4879	4881	6280	4980
Yukon	5014	4874	4876	6285	4985
Canada total	5015	4889	4891	6290	4990

Should equal Box 5001, Section 12	Should equal Box 2098, Section 4	Should equal the sum of Boxes 3010 and 3040, Section 9	Should equal Box 6312, Section 10	Should equal Box 4699, Section 9
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13. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person	Title 0014	0015 Date		
		Year	Month	Day

Name of person to contact for further information (please print)	0013	
	First name	
0026		
1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.	0054	
	Last name	

E-mail address: 0018	Web site address: 0020
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Telephone number: () 0017	Extension: 0027	Fax number: () 0016
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How long did you spend collecting the data and completing this questionnaire?	9910 hour(s)	9909 minute(s)
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Comments

If more space is required please enclose a separate sheet.

9920

9913

9914

9915

9916

For information only

Note of Appreciation

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions such as the Canadian Tourism Commission. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries. As well, please visit our web site at www.statcan.ca

Please make a copy of
this completed questionnaire
for your records.

Thank You For Your Co-operation