

Services Division

# Annual Survey of Investigation and Security Services, 1998

In all correspondence concerning this questionnaire please quote this nine digit reference number.



Confidential when completed

Français au verso

#### Authority

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.

Please revise name and/or address if required Legal name (please print)



Operating (trading) name

(if different from address label or legal name)

Business address (if different from address label)

#### Please read carefully before completing the questionnaire

### Coverage

This survey is being collected from businesses at the establishment level of organization. For this purpose, an "establishment" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

"Single-establishment" firms should report data for all their activities on this report.

Other firms (generally those which are larger and more diverse) will have more complex organizational structures and record-keeping needs, and therefore may have more than one establishment. For this survey, such firms should report data for only their establishments whose principal business activity is in the investigation and security services industry (see Section 2). It may be that these establishments engage in sideline activities outside the investigation and security services industry; their data (e.g. revenue, expenses, employment, etc.) relating to those activities should also be reported on this form.

This report should **exclude** the revenue of your separately incorporated subsidiaries or foreign branches, but should **include** your portion of the revenue and expenses of unincorporated joint ventures in which you are involved. Please report all amounts in **Canadian dollars**.

# Survey Objective

The survey objective is the collection and publication of data necessary for the statistical analysis of the investigation and security services industry. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

#### Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to any identifiable business without the previous written consent of that business. The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes, and published in aggregate form only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or by any other legislation.

# Questions?

If you have any questions regarding this survey, or require assistance in completing the questionnaire, please call us collect.

Operations and Integration Division Telephone (1-800-916-9316) Fax (1-613-951-4566); Toll-free Fax (1-888-605-2493)

്ഗിഴ്ase quote the nine digit reference number appearing below the arrow on the address label.

#### Duplicate Questionnaires

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

## Return Procedure

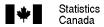
Please return the completed questionnaire within 30 days of receipt using the enclosed postage-paid envelope to:

Operations and Integration Division, Statistics Canada 2nd floor, Jean Talon Bldg.
Ottawa, Ontario, Canada K1A 0T6

If you are unable to do so, please inform us of the expected completion date.

For Office Use Only
Status
Code
Clerk

5-3300-30: 1998-12-16 STC/SER-425-75107







1.	Er	nterprise Details												
		Is the sole purpose of this corporation to provide services to your parent company, an affiliated company or a professional practice?  1 Yes 2 No												
		If YES, please name your  affiliated corporation or  name the professional  practice   026												
		Please enter your nine-digit GST Registered Account Number.												
2.	Вι	ısiness Activity												
		Please describe the nature of your firm's business activity in 1998:												
	b) Is this a change from the previous year?													
	If yes, please proyide details in the													
	c) Please check ( ✓ ) below the one industry which most accurately describes "Comments" section on page 6. ✓													
		your firm's principal source of operating revenue.												
		023 561611 O Investigation Services Other (please specify)												
		561612 O Security Guard and Patrol Services												
		561613 Armoured Car Services												
		561621 O Security Systems Services, except												
		Locksmiths (sales along with installation, repair, or monitoring)												
		561622 Cocksmiths (sales, along with installation, repair, rebuilding or adjusting services)												
		repair, resultating or adjusting services)												
3.	F	orm of Organization												
	a)	Please check (✓) below the legal status of this business (✓)												
		1 O Incorporated 4 O Unincorporated-limited partnership												
		Unincorporated-individual proprietorship  Unincorporated-partnership  5 Other (please specify)												
	b)	Is this business a joint venture?												
		1 Yes (please provide names of partners / venturers)												
	c)	Is this business affiliated with a chain or a franchise group?												
		1  res (please provide name)												
		2 Nø												
4.		eporting Period no. of months ending												
	rec	ase report for the calendar year 1998 or for your most ent fiscal year ending no later than March 31, 1999.  This report covers												
		riod of Operation If you did not operate this business for a full year, please check (✓) the reason below:												
	23	5 Seasonal operation  5 Ceased operation (please specify)  New business in 1998												
		Change of fiscal year end  6 Temporarily closed (please specify)												
		Change of ownership ( <i>please provide</i> name and address of the other owner)												
		name and address of the other owner)												
		D M Y												
		Effective date of change												

Plea	ise report for your 1998 fiscal year, as	reported in se	ection	4, on page 2.	
	l'evenue		6. O	perating Expenses	
	lease exclude GST and all other taxes collecte mittance to a government agency.	ed by you for	• F	Do not include capital expenditures. Please include GST except the portion which is government.	refundable by
			• i	f you prefer, you may attach a copy of your inco	me statement
		Dollars (omit cents)		and proceed to Section 7.	Dollars (omit cents)
a)	Service Revenue Include revenue from all services rendered	101		Cost of goods sold (purchases plus opening inventory minus closing inventory). Exclude purchases for use in the business and for rental purposes (see item (s) below)	159
	such as investigation, security, and locksmith services	106	b)	Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and	160
b'	Rental Revenue			commissions	
-,	Report revenue from the rental and/or leasing of such items as alarm system equipment. <b>Exclude</b> revenue from rental of real estate (see (f) below).	102		Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension medical/life, employment insulance and workers' compensation plans	161
c)	Repair Revenue	102	d)	Rent and/or lease of land and/buildings	162
,	Include all revenue earned (labour charges) from repairs but exclude the charges for materials and parts used in these repairs and			Rent and/or lease of motor vehicles	163
	report them in (d) as Sales of Merchandise	103	_	Computer services purchased (including equipment yental, data processing charges and software development charges)	164
ď	Sales of Merchandise Include revenue from sales of merchandise as well as parts and materials charged in repair		(g)	Rent and/or lease of other machinery and equipment	165
	work. Report offsetting cost in item 6 (a).	107	(b)	Repairs and maintenance	166
			) i)	Legal, accounting, management and consulting fees	167
e)	Commissions (including brokerage fees), Royalty Payments, Franchise Fees, Foreign Exchange and Management Fees		j)	Advertising and sales promotion	168
		108	k)	Insurance	169
f)	Other Operating Revenue e.g., revenue from rental of real estate, etc. (please specify)		I)	Taxes, permits and licenses (exclude income taxes)	170
	(picade aposity)		m)	Heat, light, power and water	171
		115	n)	Telephone, telecommunications, postage and courier fees	172
g	Total Operating Revenue		o)	Travel and entertainment	173
	(sum of items (a) to (f))	120	p)	Royalties and franchise fees	174
	$\rightarrow$	120	q)	Depreciation and amortization	175
h	Non-Operating Revenue		r)	Interest expense	176
	Interest and all other revenue that is not directly related to the operation of this business.			·	177
	Totaled to the operation of the bachiese.	130		Office and all other supplies and materials used in the business ( <b>exclude</b> supplies reported under Cost of goods sold - item (a) above)	
i)	Total Revenue (sum of items (g) and (h))			All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. ( <i>Please specify major items or attach a separate sheet.</i> )	178
					170
			u)	Total Operating Expenses (sum of items (a) to (t))	179

7.	Employment		9. Provincial Distribution									
	Please report the average number of persons employed during the reporting period to whom you paid Salaries and Wages as shown in	Number	busii the	number of perman operated in Canada dur od. (Include warehous arch facilities and trad	ing es, <b>024</b>							
	Expenses, Section 6, item (b).  - Full-time Employees  Regular employees who worked the standard work week as observed by the business	152	b) Do you have permanent business locations more than one province?									
	<ul> <li>Part-time Employees</li> <li>Employees who worked fewer than the standard work week as observed by the business</li> </ul>	151	300		<ul> <li>Please go to Section</li> <li>Please complete 9</li> </ul>							
	b) Contract Workers	154	c) Plea total	ase report the number of permanent business locations, I revenue and selected expenses, by province.								
	Individuals engaged only for the duration of a specific project or term	153	Province	Locations	Total Revenue	Salaries, Wages and Employee Benefits						
	working proprietors and/or partners of unincorporated businesses			(Number)	\$ (pmit sents)	\$ (omit cents) 327						
0	Client Base		Nfld.									
о.	Please report the percentage of total operating r (Section 5, item (g)) derived <b>directly</b> from:	evenue	P.E.I.	302	31,5	328						
	1. Domestic Clients	Percentage 190	N.S.	303	316	329						
	Individuals  Business	191		304	317	330						
	a) Retail Trade	192	M)B.	305	318	331						
	b) Traveller Accommodation and Food Services	193	Que.	306	319	332						
	c) Wholesale Trade  d) Agriculture, Forestry, Fishing and Mining.	194	Ont.									
	e) Manufacturing	195	Man.	307	320	333						
	f) Construction	<sup>2</sup> 196 197		308	321	334						
	g) Transportation and Warehousing	197	Sask.	309	322	335						
	h) Finance, Insurance and Real Estate	199	Alta.	309	322	333						
	i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)	200	B.C.	310	323	336						
	Institutions	202	Nunavut	340	341	342						
	<ul><li>j) Educational Services</li><li>k) Health Services</li></ul>	203	N.W.T. (without	311	324	337						
	Other institutional demand (please specify)	204	Nunavut) Yukon	312	325	338						
	m) Government	205	Territory	313	326	339						
	2. Foreign Clients (regardless of type)	206	Total									
	Total (total of boxes 190 to 206 must equal 100%)	100 %		Should equal Item 9 (a)	Should equal Item 5 (i)	Should equal the sum of Items 6 (b) and 6 (c)						

10. Capital Expenditures	
Report capital expenditures (items for which you claim capital cost allowance on your income tax return) excluding used assets and any portion of buildings used by yourself or rented to others for residential purposes.  New construction	Dollars (omit cents)
	346

# 11. Trade Patterns: Sales Within Province/Territory, Inter-provincial and International Exports

- (1) Businesses with locations in only one province or territory, please complete the vertical column in the table below that represents the province or territory of your business location(s); list the percentage of total revenue (as reported in **Section 5**, **item** (i)), generated by clients from the applicable geographic regions listed in the horizontal table rows. Remember to include the share of revenue from sales to clients within the same province or territory as the business location and check that the vertical column percentages add to 100.
- (2) Businesses located in more than one province/territory, please complete a separate vertical column for each province/territory for which you have reported revenue in Section 9. Distribute the revenue earned by your locations in each province/territory according to the geographic residence of your locations' clients.

If you do not keep records of this information, your best estimate is acceptable.

New machinery and equipment

	Your Business Location(s)												
Client Residence	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Nvt	N.W.T. (without	Yukon
▼	%	%	%	%	%	%	%/	86/	%	%	%	`Nvt) %	%
Newfoundland						\ <u>\</u>							
Prince Edward Island							\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						
Nova Scotia						(0)	<i>&gt;</i>						
New Brunswick				Š	$\langle \langle \rangle \rangle$								
Quebec			/										
Ontario					Ť								
Manitoba		$\wedge$											
Saskatchewan													
Alberta													
British Columbia													
Nunavut													
Northwest Territories (without Nunavut)													
Yukon Territory													
Foreign													
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Each column completed must add to 100%.

12. C	ertificat	ion	I certi	ify that	t the ir	nforma	ation co	ntain	ed he	rein is	comp	lete and	d corre	ct to th	ne best	of my	knowl	edge.				
Signat	ure of aut	horized pe	erson										Titl	е								
Name Mr	. 🗆	to contac Mrs. Ms.	t for furth	er info	ormatio	on <i>(ple</i>	ease pr	int)					Titl	e								
	Day	Month	Year			Year Area code Telephone number				umber	ı	Ext.			Fax							
Date																						
How I	ong did yo	ou spend o	collecting	the da	ata an	d com	pleting	this f	orm?		801				hours	6	^ ^	$\langle \langle \rangle$				
	omme	ents		If m	nore s	расе	is requ	uired	pleas	se end	close	a separ	rate sh	eet.	\( \)							
						\(\frac{1}{2}\)	<u> </u>															
		///		<i>T</i>															•			

# Federal Provincial Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For establishments and/or 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 Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS, respectively. The Statistics Acts of these provinces includes the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

# **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. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

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