



Services Division

Annual Survey of Automotive Equipment Rental and Leasing, 1998

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.

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



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 automotive equipment rental and leasing industry (see Section 2 below). It may be that these establishments engage in sideline activities outside the automotive equipment rental and leasing 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 automotive equipment rental and leasing. 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)**

Please 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

5-3300-11: 1998-12-16 STC/SER-425-75120



Statistics Canada
Statistique Canada

Canada

Please report for your 1998 fiscal year, as reported in section 4 , on page 2.

5.1 Revenue

Please **exclude** GST and all other taxes collected by you for remittance to a government agency.

	Dollars (omit cents)
a) Revenue from Rental and Operating Lease Agreements	094
i) automobiles and passenger vans	
ii) trucks and commercial vans	095
iii) recreational vehicles (e.g., motor homes, tent trailers)	097
iv) other trailers	096
v) other (e.g., buses, please specify). Exclude revenue from rental of real estate (see (g) below).	098
b) Revenue from Capital Leases (i.e., leases that transfer the benefits/risks of ownership to the lessee; include interest and principal)	099
i) automobiles and passenger vans	
ii) trucks and commercial vans	100
iii) recreational vehicles (e.g., motor homes, tent trailers)	137
iv) other trailers	136
v) other (e.g. buses, <i>please specify</i>)	138
c) Sales of Merchandise (e.g., new or used vehicles, oil, gasoline) including materials and parts charged to a customer in the performance of repairs. Charges for labour should be reported in 5.1 (e) Repair Revenue. Report sales and/or disposal of previously rented and/or leased equipment in 5.1 (f) below.	103
d) Insurance Revenue (also include Collision Damage Waiver) Report commissions earned from the sale of insurance	139
e) Repair Revenue (Exclude parts and materials charged to customers and report them in 5.1 (c) Sales of Merchandise.)	102
f) Loss or gain on the sales and/or disposal of previously rented and/or leased equipment Value of sales (disposal value) of previously rented and/or leased equipment 114 \$	111
g) Other Operating Revenue (e.g., commission, (except insurance, item d)), franchise fees, penalty charges, revenue from rental of real estate, etc.) (<i>please specify</i>)	109
h) Total Operating Revenue (sum of (a) to (g))	115
i) Non-Operating Revenue Interest and all other revenue that is not directly related to the operation of this business	120
j) Total Revenue (sum of (h) and (i))	130

5.2

Please report the total dollar value of leasing and/or rental equipment on your books at your 1998 year end.

	Dollars (omit cents)
Original cost	133
Total accumulated depreciation	134
Book value (Box 133 minus Box 134)	135

6. Operating Expenses

- Do not include capital expenditures.
- Please include GST except the portion which is refundable by government.
- If you prefer, you may attach a copy of your income statement and proceed to Section 7.

	Dollars (omit cents)
a) Cost of goods sold (purchases plus opening inventory minus closing inventory). Please exclude purchases for use in the business and for rental purposes (see (s) below)	159
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	160
c) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	161
d) Rent and/or lease of land and buildings	162
e) Rent and/or lease of motor vehicles	163
f) Computer services purchased (including equipment rental, data processing and software)	164
g) Rent and/or lease of other machinery and equipment	165
h) Repairs and maintenance	166
i) Legal, accounting, management and consulting fees	167
j) Advertising and sales promotion	168
k) Insurance	169
l) Taxes, permits and licenses (exclude income taxes)	170
m) Heat, light, power and water	171
n) Telephone, telecommunications, postage and courier fees	172
o) Travel and entertainment	173
p) Royalties and franchise fees	174
q) Depreciation and amortization	175
r) Interest expense	176
s) Office and all other supplies and materials used in the business (exclude supplies reported under Cost of goods sold - Item (a) above)	177
t) All other operating expenses, excluding bad debts. Include fees paid to contract workers. (<i>Please specify major items or attach a separate sheet.</i>)	178
u) Total Operating Expenses (sum of (a) to (t))	179

7. 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 Expenses, Section 6, item (b).

Number
152
Full-time Employees Regular employees who worked the standard work week as observed by the business
151
Part-time Employees Those who worked fewer than the standard work week hours observed by the business
154
Contract Workers Individuals engaged only for the duration of a specific project or term
153
Working proprietors and/or partners of unincorporated businesses

b) Contract Workers

Individuals engaged only for the duration of a specific project or term

c) Working proprietors and/or partners of unincorporated businesses

8. Client Base

Please report the percentage of total operating revenue (Section 5.1, Item (h)) derived directly from:

1. Domestic Clients

Percentage
190
Individuals
Business
a) Retail Trade
192
b) Traveller Accommodation and Food Services
193
c) Wholesale Trade
194
d) Agriculture, Forestry, Fishing and Mining
195
e) Manufacturing
196
f) Construction
197
g) Transportation and Warehousing
199
h) Finance, Insurance and Real Estate
200
i) Other (eg. professional, scientific services, telecommunications etc. (please specify))
202
Institutions
j) Educational Services
203
k) Health Services
204
l) Other institutional demand (please specify)
205
m) Government
206
2. Foreign (regardless of type)
207
Total (total of boxes 190 to 206 must equal 100%)
100 %

9. Provincial Distribution

Number
024

a) Please report the number of permanent business locations operated in Canada during the reporting period. (Include warehouses, head offices, research facilities and trading locations.)

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

300 1 No – Please go to Section 10
 2 Yes – Please complete 9 (c)
 ↓

c) Please report the number of permanent business locations, total revenue and selected expenses, by province.

Province	Locations (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)
Nfld.	301	314	327
P.E.I.	302	315	328
N.S.	303	316	329
N.B.	304	317	330
Que.	305	318	331
Ont.	306	319	332
Man.	307	320	333
Sask.	308	321	334
Alta.	309	322	335
B.C.	310	323	336
Nunavut	340	341	324
N.W.T. (without Nunavut)	311	324	337
Yukon Territory	312	325	338
Total	313	326	339

Should equal Item 9 (a)	Should equal Item 5.1 (j)	Should equal the sum of Items 6 (b) and 6 (c)
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10. 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 5.1, item (j)**), 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.

Client Residence ▼	Your Business Location(s)													
	Nfld. %	P.E.I. %	N.S. %	N.B. %	Que. %	Ont. %	Man. %	Sask. %	Alta. %	B.C. %	Nvt %	N.W.T. (without Nvt) %	Yukon %	
Newfoundland														
Prince Edward Island														
Nova Scotia														
New Brunswick														
Quebec														
Ontario														
Manitoba														
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 up to 100%.

11. Certification

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

Signature of authorized person

Title

Name of person to contact for further information (*please print*)

- Mr. Mrs.
 Miss Ms.

Title

Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form?

801

hours

