



# Annual Survey of Automotive Equipment Rental and Leasing, 2000

▼ 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.

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



Correct pre-printed information if necessary using the corresponding boxes below:

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

**Please read carefully before completing the questionnaire**

**Coverage**

Please complete the questionnaire for the business unit(s) described 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.

**Survey Objective**

The survey objective is the collection and publication of data necessary for the statistical analysis of 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 and Return Procedures**

We ask that you complete and return the questionnaire within 30 days of receipt to:

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

This survey questionnaire can also be faxed back to Statistics Canada at: **1-888-605-2493**.

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

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

**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).

**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.



### 3. Reporting Period

Please report information for your **most recent available 12-month fiscal period** ending between January 1, 2000 and March 31, 2001. Please indicate below the period covered by this questionnaire.

From 230 

YYYY	MM	DD

 To 231 

YYYY	MM	DD

**Period of Operation** If you did not operate this business for a full year, please check (✓) the reason below:

235 1  Seasonal operation 5  Ceased operation (please specify) 046 \_\_\_\_\_  
 2  New business in 2000 6  Temporarily closed (please specify) 047 \_\_\_\_\_  
 3  Change of fiscal year end  
 4  Change of ownership (please provide name and address of the other owner)  
 045 \_\_\_\_\_ Effective date of change ▶ 236 

YYYY	MM	DD

**Please report for your 2000 fiscal year, as reported in section 3, on page 3.**

#### 4.1 Revenue

- Please report all answers in Canadian dollars.
- Please **exclude** GST and all other taxes collected by you for remittance to a government agency.

a) **Revenue from Rental and/or Operating Lease Agreements**

- i) automobiles and passenger vans
  - ii) trucks and commercial vans
  - iii) recreational vehicles (e.g., motor homes, tent trailers)
  - iv) other trailers
  - v) other (e.g., buses, please specify). **Exclude** revenue from rental of real estate (see item (g) below).
- 048 \_\_\_\_\_

b) **Revenue from Capital Leases** (i.e., leases that transfer the benefits/risks of ownership to the lessee; **include interest and principal**)

- i) automobiles and passenger vans
  - ii) trucks and commercial vans
  - iii) recreational vehicles (e.g., motor homes, tent trailers)
  - iv) other trailers
  - v) other (e.g., buses, please specify). **Exclude** revenue from rental of real estate (see item (g) below).
- 049 \_\_\_\_\_

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 4.1 (e) Repair Revenue. Report sales and/or disposal of previously rented and/or leased equipment in 4.1 (f) below.

d) **Insurance Revenue**

(also include Collision Damage Waiver) Report commissions earned from the sale of insurance

e) **Repair Revenue**

(**Exclude parts and materials charged to customers and report them in 4.1 (c) Sales of Merchandise.**)

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 \$ \_\_\_\_\_

g) **Other Operating Revenue**

e.g., revenue from rental of real estate, miscellaneous service revenue, etc. (Please specify)

050 \_\_\_\_\_

h) **Total Operating Revenue**

(sum of items (a) to (g))

i) **Non-Operating Revenue**

Interest and all other revenue that is not directly related to the operation of this business.

j) **Total Revenue**

(sum of items (h) and (i) )

	Dollars (omit cents)
	094
	095
	097
	096
	098
	099
	100
	137
	136
	138
	103
	139
	102
	111
	109
	115
	120
	130

#### 4.2 Fixed Assets

Please report the total dollar value of leasing and/or rental equipment on your books at your 2000 year end.

Original cost

Total accumulated depreciation

Book value (Box 133 minus Box 134)

	Dollars (omit cents)
	133
	134
	135

## 5. Operating Expenses

- Please report all answers in **Canadian** dollars.
- **Do not include capital expenditures.** (See section 4.2.)
- Please include GST, except the portion that is refundable by government.
- **If you prefer, you may attach a copy of your income statement and proceed to Section 6.**

	Dollars (omit cents)
a) Cost of goods sold (purchases plus opening inventory minus closing inventory). Please <b>exclude</b> purchases for use in the business and for rental purposes (see item (s) below)	159
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; <b>include</b> vacation pay, bonuses and commissions	160
c) Employee benefits paid for all employees for whom you issued a T4 supplementary form; <b>include</b> 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 ( <b>including</b> 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 ( <b>exclude income taxes</b> )	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 ( <b>exclude</b> supplies reported under Cost of goods sold - item (a) above)	177
t) All other operating expenses, <b>excluding bad debts</b> , but including fees paid to contract workers. (Please specify major items or attach a separate sheet.)	178
051 _____	179
u) <b>Total Operating Expenses</b> (sum of items (a) to (t) )	

## 6. 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 5, item (b).

- i) **Full-time Employees** Regular employees who worked the standard work week as observed by the business
- ii) **Part-time Employees** Those who worked fewer than the standard work week hours observed by the business
- b) **Contract Workers** Individuals engaged only for the duration of a specific project or term
- c) **Working proprietors** and/or partners of **unincorporated** businesses

Number
152
151
154
153

## 7. Client Base

Please report the percentage of total operating revenue (Section 4.1, item (h) ) derived **directly** from:

### 1. Domestic Clients

#### Individuals

#### Business

- a) Retail Trade
- b) Traveller Accommodation and Food Services
- c) Wholesale Trade
- d) Agriculture, Forestry, Fishing and Mining
- e) Manufacturing
- f) Construction
- g) Transportation and Warehousing
- h) Finance, Insurance and Real Estate
- i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)
- 052 \_\_\_\_\_

#### Institutions

- j) Educational Services
- k) Health Services
- l) Other institutional demand (please specify)
- 053 \_\_\_\_\_

#### m) Government

### 2. Foreign Clients (regardless of type)

Please report the percentage of foreign market revenue by region:

United States

Mexico

Central and South America

European Union

Other Europe

Africa

Middle East

Asia

Australia, New Zealand

Other

**Total** (total of boxes 190 to 217 must equal 100%)

Percentage
190
191
192
193
194
195
196
197
199
200
202
203
204
205
208
209
210
211
212
213
214
215
216
217
<b>100 %</b>

## 8. Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**
  - "Business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenues, expenses and employment.
- a) Please report the number of permanent business units operated in Canada during the reporting period.
- b) Do you have permanent business units in **more** than one province or territory?

Number
024

300    3  No – Please go to Section 9  
 1  Yes – Please complete 8 (c)



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

Province or Territory	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.	301	314	327	343	357
P.E.I.	302	315	328	344	358
N.S.	303	316	329	345	359
N.B.	304	317	330	346	360
Que.	305	318	331	347	361
Ont.	306	319	332	348	362
Man.	307	320	333	349	363
Sask.	308	321	334	350	364
Alta.	309	322	335	351	365
B.C.	310	323	336	352	366
Nunavut	340	341	342	353	367
N.W.T. (without Nunavut)	311	324	337	354	368
Yukon	312	325	338	355	369
<b>Total</b>	<b>313</b>	<b>326</b>	<b>339</b>	<b>356</b>	<b>370</b>

Should equal Box 024, Section 8	Should equal Box 130, Section 4.1	Should equal the sum of Boxes 160 and 161 Section 5	Should equal the sum of Boxes 151, 152 and 153 Section 6	Should equal Box 179, Section 5
---------------------------------------	---	--	---	---------------------------------------

## 9. 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)	
054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name
<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name
055	056

E-mail address 057	Company's Home Web page address (URL) 058
-----------------------	--

Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form?    801        hours

