

Service Industries Division

Annual Survey of Automotive Equipment Rental and Leasing, 2001

▼ 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	Posta	al 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.

5-3300-11: 2001-09-26 STC/SER-425-75120



Statistics Canada

Statistique Canada



1.		Usiness Activity Please describe the nature of your firm's business activity in 2001: 021
	b)	Is this a change from the previous year?
	c)	Please check (🗸) below the one industry which most accurately describes your firm's principal source of operating revenue. If yes, please provide details in the "Comments" section on page 7.
		532111 Passenger Car Rental (without driver) 032 None of the above (please specify)
		532112 Passenger Car Leasing (without driver). (Excludes establishments primarily engaged in retailing cars.)
		532120 Truck, Utility Trailer and RV (Recreational Vehicle) Rental and Leasing (without driver). (Excludes establishments primarily engaged in renting/leasing heavy equipment). (Includes renting/leasing modular space).
		522220 This business unit is engaged in sales financing as well as automotive equipment rental and leasing.
2.	F	orm of Organization
	a)	Type of organization (please check one only):
		1 O Sole proprietorship 2 O Partnership 3 O Incorporated company 4 O Co-operative
		⁵ O Joint venture Government business entity Covernment 8 Non-profit
	b)	Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?
	,	O25 1 Yes – If yes, please name the company or professional practice
		3 O No
	c)	Please enter your nine-digit Business Number (if incorporated)
		034
	d)	Is this business affiliated with a chain or franchise group?
		1 Yes (please provide name) 044 3 No
	e)	Did this business unit participate in any joint venture(s) during the reporting period?
	٠,	A joint venture refers to a specific commercial undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in profits or losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific time.
		⁰²⁸ ¹ Yes – If, yès , please go to f) ³ No – If no , please go to Question 3, Reporting Period
	f)	Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?
		035 1 Yes 3 No
//) g)	Please provide the name of the joint venture.
	7	Is this joint venture:
\ (/1) \	ost in some venture. 1 O Incorporated – If incorporated, please go to i) 3 O Unincorporated – If unincorporated, please go to j)
	$\langle \rangle$	038
	i)	Business Number of joint venture (if incorporated)
	j)	If it is an <u>unincorporated</u> joint venture, please provide the length of time of the joint venture. 039
	k)	Venture partner(s) and Business Number(s) (if incorporated)
		Venture partner(s) Business Number(s) (if incorporated)
		041
		If you participated in more than one joint venture or if more space is required, please enclose a separate page.

3.	Plea	ase report	Period information for your vered by this ques	ur <u>fiscal</u> tionnaire	<u>year</u> (no	rmal busin	ess yea	ar) end	ling bet	weer	April 1	1, 2001 :	and Ma	arch 31,	2002. Ple	ease indicate below
			YYYY	MM	DD				YYYY		MM	DD				
	Fre	om 230				То	231									
	Pe	eriod of	Operation If yo	ou did no	t operate	this busine		-				` '		on belov	w:	
	235	0	Seasonal operati	on			5 (_				ease spe		046		
		2 🔾	New business in	2001			6 () Ter	mporar	ily clo	sed (p	lease sp	pecify)	047		
		3 🔾	Change of fiscal	ear end												
		4 🔾	Change of owner	ship (<i>ple</i>	ase provi	ide										
		045	name and addres	ss of the	other owr	ner)					Effection of chains	ve date	•	236	YYYY	MM DD
DI		. ronort	for your 2004	ficeel	VOOR 6	NO KODOK	tod in		tion 2							
			for your 2001	TISCAL	year, a	is repor	tea in	sec	tion 3).						1
4. 1	•		port all answers ir				ou for re	mittan	ice to a	gove	rnmen	t agenc	y.			Dollars (omit cents)
	a)		e from Rental an			ease Agre	eement	s								094
		<i>'</i>	and commercial v	<u> </u>								<				095
		,	tional vehicles (e.		homos	tont trailor	-)				/			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		097
		iv) other	,	g., motor	nomes,	terit trailers	>)			\leftarrow	$\rightarrow \langle$			/		096
		v) other	(e.g., buses, <i>pleas</i>	se specify	/). Exclud	de revenue	e from r	ental c	of real	state	(see i	tem (g) l	below).		1	098
	b)	interes	te from Capital Lo and principal) obiles and passer	,		that trans	fer the	benefit	ts/risks	of ov	vnershi	p to the	lessee	e; includ	de	099
		,			•			\bigcirc		/						100
		,	and commercial v						→							137
			tional vehicles (e.	g., motor	nomes,	tent trailers	3)									136
		iv) other v) other	railers (e.g., buses, <i>pleas</i>	se specify	/). Exclud	de revenue	from r	ental c	of real e	estate	(see i	tem (a) l	below).			138
		049		()							((3)				
	c)	(e.g., ne repairs.	f Merchandise ew or used vehicle Charges for labou and/or leased equi	ır should	be repor	ted in 4.1 (terials (e) Rep	and pa air Rev	arts cha venue.	rged Repo	to a cu ort sale	istomer es and/o	in the r dispo	perform sal of p	ance of reviously	103
	d)		ce Revenue clude Collision Da	mage Wa) aiver) Red	ort comm	iccionc	earne	d from	tha s	ale of i	nguranc	۵			139
	e)		Revenue	nage W	21 V C1 / 11 C	JOIL COITHII	10010110	Carrie	u 110111		aic Oi II	isuranic				102
		(Exclud	e parts and mater	ials char	ged to cu	stomers a	nd repo	rt then	n in 4.1	(c) S	ales o	f Mercha	andise.	.)		
	f)		gain on the sales		•	•	,					nt.				111
	>	Valu	e of sales (dispos	al value)	of previo	usly rented	d and/o	r lease	ed equip	omen	t					
	(ĝ)	Other C e.g., rev	Pperating Revenurenue from rental of	ie of real es	tate, mis	cellaneous	service	e rever	nue, et	c. (P	lease s	specify)				109
	h)	Total O	perating Revenuitems (a) to (g))	е												115
	i)	Non-Op	erating Revenue				1									120
	j)	Total R	t and all other reve evenue items (h) and (i))	enue that	is not dir	ectly relate	ed to the	e oper	ation o	this	busine	SS.				130
4.2	Fi	xed As	sets													Dollars
	Ple	ease repo	rt the total dollar v	alue of le	asing an	d/or rental	equipm	ent or	n your b	ooks	at you	r 2001 y	/ear en	ıd.		(omit cents)
		Original	cost													134
		Total ad	cumulated depred	iation												
		Book va	ılue (Box 133 minı	us Box 13	34)											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)
		159
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 item (s) below)	
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
	contributions to pension, medical/life, employment insurance and workers compensation plans	162
d)	Rent and/or lease of land and buildings	
e)	Rent and/or lease of motor vehicles	163
,		164
f)	Computer services purchased (including equipment rental, data processing and software)	165
۵۱	Rent and/or lease of other machinery and equipment	1.55
g)		166
h)	Repairs and maintenance	167
i)	Legal, accounting, management and consulting fees	
.,		168
j)	Advertising and sales promotion	
		169
k)	Insurance	170
l)	Taxes, permits and licenses (exclude income taxes)	171
m)	Heat, light, power and water	
		172
n)	Telephone, telecommunications, postage and courier fees	173
۵,	Trough and entertainment	
0)	Travel and entertàinment	174
p)	Royalties and franchise fees	
. ,		175
) q)	Depreciation and amortization	176
\wedge		176
/r)	Interest expense and credit card fees	177
s	Office and all other supplies and materials used in the business (exclude supplies reported under Cost of goods sold - item (a) above)	
~		181
t)	Commission paid (include airport fees, travel agents' commissions)	178
u)	All other operating expenses, excluding bad debts , but including fees paid to contract workers. (<i>Please specify major items or attach a separate sheet.</i>)	170
	051	179
V)	Total Operating Expenses (sum of items (a) to (u))	

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 153 C) Working proprietors and/or partners of unincorporated businesses

7. Client Base	
Please report the percentage of total operating revenue (Section 4.1, item (/	n)) derived directly from:
Domestic Clients Individuals	190
Business a) Retail Trade	197
b) Traveller Accommodation and Food Services	192
c) Wholesale Trade	193
d) Agriculture, Forestry, Fishing and Mining	194
e) Manufacturing	195
f) Construction	196
g) Transportation and Warehousing	197
h) Finance, Insurance and Real Estate	199
i) Other (e.g. professional / scientific services, telecommunications, etc.) (I	please specify)
Institutions	202
j) Educational Services	203
k) Health Services I) Other institutional demand (please specify)	204
m) Government	205
2. Foreign Clients (regardless of type)	
Please report the percentage of foreign market revenue by region:	208
United States	209
Mexico	210
Central and South America	211
European Union	212
Other Europe	213
Africa	214
Middle East	215
Asia	216
Australia, New Zealand	217
Other Total (total of boxes 190 to 217 must equal 100%)	100%
Total (total of boxes 190 to 217 must equal 100 %)	

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? 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 Business Total Revenue Salaries, Wages and Employee Benefits (Number) \$ (mill cents) \$ (mi	\$
■ "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? 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 Business Units (Number) Salaries, Wages and Employee Benefits \$ (omit cents) \$ (mit cents) \$ (mumber) \$ (mit cents) \$ (mit	\$
b) Do you have permanent business units in more than one province or territory? 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	\$
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 Nfld. 301 314 327 343 357 NFL. NS. 302 315 328 344 358 N.S. N.S. 303 316 329 345 359 N.B. Que. 305 318 331 337 330 346 360 Ont. 306 319 332 348 362 Ont. Man. 307 320 333 349 363 Sask. 308 321 334 350 366 Nan. Sask. 309 322 333 351 365 Sask. Alta. 309 322 333 351 365 B.C. Nunavut 340 341 342 353 367 N.W.T. 311 324 325 338 355 369 Total Revenue Should equal Box 130, Should equal the sum of Boxes 150 and 161, Scarce 152 and 151, Should equal the Sox 177 525 and 152 and 151, Should equal the Sox 177 525 and 152 and 151, Should equal the Sox 177 525 and 152 and 151, Should equal the Sox 177 525 and 152 and 151, Should equal the Sox 177 525 and 152 and 151, Should equal the Sox 177 525 and 152 and 153 and 152 and 153 and 152 and 153 and 152 and 153 and 151 and 152 and 151, Should expent the Sox 177 525 and 151, Should expent t	\$
C) Please report the following data for the provinces or territories in which you have units. Province	\$
C) Please report the following data for the provinces or territories in which you have units. Province or Company (Number) Susiness (Number) Salaries, Wages and Employee Benefits (Number) Salaries, Wages and Employee Benefit	\$
C) Please report the following data for the provinces or territories in which you have units. Province or Territory Business Units (Number) \$ (amit cents) \$ (amit cent	\$
Nife	\$
Stould equal Should equal the sum of Boxes Should equal the sum of Boxes Should equal the sum of Box 224 Should equal the sum of Box	nts)
Nfid. P.E.I. 302 315 328 344 358 N.S. N.S. 303 316 329 345 359 N.B. N.B. 304 317 330 346 360 N.B. Que. 305 318 331 347 361 361 Ont. 306 319 332 348 362 Ont. Man. 307 320 333 349 363 Sask. Alta. 309 322 335 351 365 Alta. B.C. Nunavut 340 341 342 353 367 N.W.T. 311 324 337 354 368 370 Should equal Box 130, Section 4 1 Section 4 Section 4 Section 4 Section 4 Sect	V
P.E.I. N.S. 303 316 329 345 359 N.B. N.B. 304 317 330 346 360 Alta. Alta. 307 320 333 348 362 Man. Sask. 308 321 334 350 364 Alta. B.C. Nunavut 309 322 335 336 351 365 B.C. Nunavut 340 341 342 353 366 Nunavut N.W.T. 311 324 337 340 340 341 342 353 367 N.W.T. Yukon Total Should equal Box 024, Section 8 4 1 152 and 151, Section 8 1 1 152 and 151, Section 8 1 1 152 and 151, Section 8 1 1 1 152 and 151, Section 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
N.S. N.B. Que. 305 318 331 347 360 Que. Ont. Man. 307 320 333 349 363 Man. Sask. Alta. 309 322 338 336 350 366 Section 41 Should equal Box 1204, Section 41 Section 81 Should equal Box 204, Section 41 Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81 Should equal the sum of Boxes 152 and 151, Section 81	
N.B. Que. 305 318 331 347 361 361 Ont. 306 319 332 348 362 Man. 307 320 333 349 363 Sask. 308 321 334 350 364 Alta. 309 322 335 351 365 Alta. B.C. Nunavut 340 341 342 353 367 N.W.T. Yukon 311 324 337 354 368 370 Total Should equal Box 130, 152 and 151, Section 8 Section 8 Should equal Box 130, 152 and 161, Section 8 Section 8 Should equal Box 130, 152 and 161, Section 8 Should equal Box 130, 152 and 161, Section 8 Should equal Box 130, 160 and 161, Section 8 Section 152 and 161, Section 152 and 161, Section 153 and 161, Section 161, S	
Que. 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. 311 324 337 354 368 N.W.T. 312 325 338 355 369 Total Should equal box 130 Should equal the sum of Boxes 150 and 161, 152 and 151, 15	
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. 311 324 337 354 368 Yukon 312 325 338 355 369 Total Should equal Box 130, Section 4.1 Should equal the sum of Boxes 152 and 151, Section 4.1 Should equal the sum of Boxes 152 and 151, Section 4.1 Should equal the Section 5.1 Should equal 151, Section 4.1 Section 5.2 Should equal 151, Section 5.1 Section 5.2 <	
Man. Sask. 308 321 334 350 364 Alta. 309 322 335 351 365 B.C. Nunavut 340 341 342 353 367 N.W.T. 311 324 337 349 363 364 365 366 370 N.W.T. Yukon Total Should equal Box 130, Sertion 8 Service 8	
Sask. Alta. 309 322 335 351 365 Alta. B.C. Nunavut 340 341 342 353 367 N.W.T. Yukon 311 324 337 349 350 364 365 366 367 368 370 Should equal Box 130, Section 4.1	
Alta. B.C. 310 323 336 352 366 Nunavut 340 341 342 353 367 N.W.T. 311 324 337 354 368 N.W.T. Yukon 312 325 338 355 369 Total Should equal Box 30, 326 Should equal Box 130, Section 4.1 Section 8 Section 4.1	
B.C. 310 323 336 352 366 Nunavut 340 341 342 353 367 N.W.T. 311 324 337 354 368 N.W.T. 312 325 338 355 369 370 Total Should equal Box 024, Section 8 Section	
Nunavut N.W.T. 311 324 337 353 367 N.W.T. Yukon 312 325 338 355 369 Total Should equal Box 024, Section 8	
N.W.T. 311 324 337 354 368	
Yukon 312 325 338 355 369 Total Should equal Box 024, Section 8 Secti	
Total Should equal Box 024, Section 8 Section	
Should equal Box 024, Box 130, Section 8 Secti	
Box 024, Section 8 Section 4.1 Section 4.1 Section 8 Sec	
	9 ,
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)	
Mr. Mrs. First Name Last Name Last Name	
E-mail address Company's Home Web page address (URL) 058	
Day Month Year Area code Telephone number Ext. Fax	
Date	
How long did you spend collecting the data and completing this form? 801 hours	

Comments	If more space is required please enclose a separate sheet.
-	
	\Diamond_{λ} (\bigcirc) \vee
agreements with the Queber 11 of the Statistics Act, Revi in Quebec, Manitoba and Br in this survey to the Quebec	ents see burden and to provide consistent statistics, Statistics Canada has entered into data sharing to Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS in accordance with Section sed Statutes of Canada, 1985, Chapter S19. For establishments and/or business locations operated itish Columbia, the agreements authorize Statistics Canada to forward a record of the data collected Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS, respectively. The Statistics and BC statistics are provisions for confidentiality and penalties for disclosure of information as the federal
Statistics Canada's publication visit our web site at www.state	ons are available for use in Statistics Canada's regional offices and all major libraries. As well, please can.ca

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

Thank You For Your Co-operation