



# Annual Survey of Telecommunications 2004

Si vous préférez ce questionnaire  
en français, veuillez appeler :  
(613) 951-2201

## Other Service Providers (NAICS 51339)



<b>Respondent company</b>	<i>Please correct pre-printed label information, if necessary, using the corresponding boxes below:</i>	
	Legal Name	
	Operating or Trade Name (if different from legal name):	
	Mail contact person for this survey (please print clearly):	
	Job Title:	
	Street:	
	City:	
	Province:	Postal Code:
	Telephone:	Fax:
	E-mail:	Website:

### Information for Respondents

#### Survey Objective

This survey collects financial and operating data for the statistical measurement and analysis of the telecommunications industry (telecom carriage or resale). These data will be aggregated to produce estimates of national and provincial economic production in Canada as well as estimates of activity by industry. These estimates are used by government, the private sector, international telecommunications organizations, academics, analysts, and the general public to better understand this sector's role in the social and economic fabric of Canada. Selected results of this survey will be published in Statistics Canada Catalogue No. 56-001-XIE.

#### Authority

This survey 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.

#### Confidentiality

Statistics Canada is prohibited by law from publishing or releasing any statistics which would divulge information obtained from this survey relating to any identifiable business without the previous written consent of that business. **The data on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by the Access to Information Act or any other legislation. **Please note that Statistics Canada does not share any individual responses with Canada Customs and Revenue Agency.**

#### Data Sharing Agreements

To reduce response burden and to ensure more uniform statistics, Statistics Canada has entered into a data sharing agreement under section 11 of the *Statistics Act* with the Institut de la statistique du Québec, to share information from this survey concerning respondents' Quebec operations, and under section 12 of the *Statistics Act* with the Canadian Radio-television and Telecommunications Commission (CRTC), for the sharing of information from all respondents.

The Quebec Statistics Act gives the Institut de la statistique du Québec the authority to collect the information requested in this report on their own and it contains the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Subsection 12(2) of the Statistics Act provides that where a respondent gives notice in writing to the Chief Statistician that the respondent objects to the sharing of the information by the Statistics Canada, the information not be shared with the department or corporation unless the department or corporation is authorized by law to require the respondent to provide the information. The CRTC is authorized by law to require the respondent to provide the information under section 37 of the Telecommunications Act. Information provided to the CRTC will be treated in accordance with the requirements of section 39 of the Telecommunications Act.

#### Reporting Period

This questionnaire should be completed for your most recent fiscal year ending no later than March 31, 2005.

#### Return Procedures

Please return the completed questionnaire(s) within **45 days** of receipt in the enclosed envelope or by facsimile to (613) 951-9920. If you anticipate difficulty in making this deadline, please inform Statistics Canada of your expected filing date.

#### Reporting Instructions

Please complete all questions that pertain to your operations; cross out cells or sections that do not apply to your company to reduce the likelihood of follow-up call-backs to verify missing information. Detailed instructions and definitions of terms used in the questionnaire are found in the Reporting Guide. Please refer to the Reporting Guide in order to ensure your responses are consistent with those provided by other respondents.

#### Assistance

If you require further assistance or need additional forms, please contact:

Telecommunications Section  
Science, Innovation and Electronic Information Division  
Statistics Canada  
R.H. Coats Building, Floor 7  
Ottawa, Ontario, K1A 0T6

Phone: (613) 951-2201  
E-mail: [michael.lynch@statcan.ca](mailto:michael.lynch@statcan.ca)

Phone: (613) 951-2741  
E-mail: [cimeron.mcdonald@statcan.ca](mailto:cimeron.mcdonald@statcan.ca)

Fax: (613) 951-9920

**Thank you for your co-operation**

## Respondent Information

100

**A. Type of business organization:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations*<br>• complete the back page<br>• do not include foreign subsidiaries | <input type="checkbox"/> Part of a corporation<br>(e.g., branch, division) |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system  | <input type="checkbox"/> Co-operative                                      |
| <input type="checkbox"/> Sole proprietorship          | <input type="checkbox"/> Joint venture   | <input type="checkbox"/> Partnership                                       |
| <input type="checkbox"/> Other (please specify) _____ |  |  |

\* *Consolidated family of corporations* - If you are including more than one legal or operating entity on a single questionnaire, please fill out **Information Concerning Consolidated Reporting** on the back of the questionnaire. Please see the Respondent Information section in the Reporting Guide for more information on multiple unit reporting. In general, if your organization operates distinct business units (a corporation or organizational unit) offering different telecommunications services (see Industry Classification section, Page iii) for which you maintain separate financial statements, please complete a questionnaire for each unit. For more forms, contact Statistics Canada at (613) 951-2741 or (613) 951-2201. **Do not consolidate foreign subsidiaries in this report.**

**B. Foreign ownership (estimates are acceptable):**

- |   |  |
|---|--|
| a) What percentage of this company's common (voting) shares were foreign owned at year end?   | 101<br><input style="width: 80px;" type="text"/> % |
| b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end?   | 102<br><input style="width: 80px;" type="text"/> % |
| c) What percentage of this company's ( <b>voting and non-voting</b> ) shares were ultimately foreign owned at year end? (e.g., through direct and/or indirect control by holding companies, parent companies, etc.) | 104<br><input style="width: 80px;" type="text"/> % |

**C. Legal changes:**

**If your organization has undergone legal changes during its past fiscal year, or is reporting for other than a 12-month fiscal year, please check (✓) the appropriate box(es) below and provide a brief explanation and the date(s) of the event(s). If the legal change involved other companies, please provide their legal names:**

- |  |  |  |  |
|--|--|--|--|
| <sup>201</sup><br><input type="checkbox"/> New business  | <sup>202</sup><br><input type="checkbox"/> Ceased operations | <sup>203</sup><br><input type="checkbox"/> Change of ownership | <sup>204</sup><br><input type="checkbox"/> Merger/Amalgamation/Split-up/Spin-off |
| <sup>205</sup><br><input type="checkbox"/> Other (Please describe - attach additional pages if necessary). ➤ _____ |  |  |  |

300

**D. Please enter your nine digit GST Registered Account/Business Number:**

--	--	--	--	--	--	--	--	--

**E. Reporting period:**

This questionnaire should be completed for your most recent fiscal period ending no later than March 31, 2005. If you are reporting a fiscal period of more or less than 12 months, please explain in section C, above.

Y Y Y Y      M M      D D From: <input style="width: 100px;" type="text"/>	Y Y Y Y      M M      D D To: <input style="width: 100px;" type="text"/>
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# Telecommunications Industry Classification

400

**A. Please indicate (✓) which of the following account for more than 50 percent of your operating revenues:**  
(check one only)

- Facilities-based telecommunications services  Reselling of telecommunications services
- Non-telecommunications activity (Please describe your main revenue activities and return this form in the envelope provided)

➤ \_\_\_\_\_  
\_\_\_\_\_

**B. Please indicate (✓) the telecommunications services provided:**

Telecommunications service	Facilities-based <sup>1</sup>	Reseller
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony <sup>2</sup>	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband (Multipoint)	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless (Local loop)	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other (Please specify) ➤	417 <input type="checkbox"/>	418 <input type="checkbox"/>
_____		
_____		

➔ Contact Statistics Canada for the appropriate questionnaire if more than half of your revenues are from the services listed here.

Complete this questionnaire if more than half of your revenues are from different services from those listed above. (See Operating Revenues, Module 1, page 1, for a list of some activities not included in the above categories).

<sup>1</sup> ownership of transmission facilities (wire, cable, radio, optical or other electromagnetic system), other than switching equipment.  
<sup>2</sup> cellular, PCS, ESMR, air-to-ground, automatic mobile telephony

**C. Please check (✓) all areas of operation:** (areas where respondent has employees):

- 501  B.C.   502  Alta.   503  Sask.   504  Man.   505  Ont.   506  Que.   507  N.B.   508  N.S.   509  P.E.I.   510  N.L.   511  Y.T.   512  N.W.T.   513  Nvt.

➔ Please complete the appendix if more than one box is checked in question C.

## Follow-up Contacts

Additional person(s) to contact for follow-up information: (Please print )

Contact Module(s):

Contact telephone number(s):

## Certification

Please print the name of the person responsible for this return:

Please estimate the amount of time to complete this questionnaire

600    .   Hour(s)

Signature:

*I certify that the information provided in this report is complete and correct to the best of my knowledge.*

Title of signator:

Date completed:

**MODULE 1. OPERATING REVENUES**

**Telecommunications Operating Revenues**

Please write in your revenue activities in the space provided(see the list below). If the services you provide are not listed below, please describe carefully in the space provided:

- Telemetry
- Call answering features (Calling Features)
- Radar station operation
- Internet call display (Calling Features)
- Satellite tracking

A. Calling features → _____	<b>Total</b> (thousands of dollars)
_____	1054
B. Please specify → _____	
_____	1060
C. Please specify → _____	
_____	1063
D. Please specify → _____	
_____	1066
E. Residual Please specify → _____	
_____	1054

**Total - Telecommunications Operating Revenues**

<b>1070</b>
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	Residential (#)	Business (#)	Total (#)
<b>Telecom Customer Accounts</b> (at year end)	1071	1072	1073

**Other Operating Revenues**

	<b>Total</b> (thousands of dollars)
A. Sale of telecommunications goods (Please specify) ➤ _____	1079
B. Other (non-telecommunications) operating revenues	
1. (Please specify) ➤ _____	1094
2. (Please specify) ➤ _____	1097
3. Residual _____	1100

**Total -Other Operating Revenues** (sum of cells 1079, 1094, 1097 and 1100)

<b>1101</b>
-------------

**TOTAL - OPERATING REVENUES**

<b>1102</b> (1070 + 1101)
---------------------------

**Distribution of Operating Revenues by Type of Customer**

	<input type="checkbox"/> (\$ 000's) <input type="checkbox"/> (%)
A. Customers in Canada:	
1. Residential (individuals and households)	<b>1103</b>
2. Business and other:	
a) Public institutions (e.g., hospitals, schools, universities)	1104
b) Government (e.g., federal, provincial, territorial, municipal)	1105
c) Business:	
Financial (banks, trust cos., financial crown corporations)	1106
Other (Please specify) ➤ _____	1107
Total - Business	1108 (1106 + 1107)
Total - Business and other	1109 (1104 + 1105 + 1108)
B. Customers outside Canada (exports)	1110
<b>TOTAL - OPERATING REVENUES</b> (sums of bolded cells)	<b>(1103 + 1109 + 1110) =cell 1102 or 100%</b>

**MODULE 2. OPERATING EXPENSES**

* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide. ** \$ 000's or % of the amount reported in the adjacent cell in col. 3.	<b>Purchases*</b>		<b>Total</b> (thousands of dollars)	<b>Salaries, wages and benefits**</b> <input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of col. 3
	<input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of Total			
	Telecommunications service providers			
	Incumbents	Entrants	3	4
	1	2		

**Telecommunications Operating Expenses**

**A. Telecommunications Network Expenses:**

			2001	2002
1. Network operations				
2. Depreciation			2003	
3. Maintenance and repairs			2004	2005
4. Wireline circuit rentals	2006	2007	2008	
5. Wireless (non-satellite) capacity rentals			2009	
6. Satellite capacity rentals			2010	
Residual telecom network expenses n.e.c.			2070	2071
7. (please specify large amounts) ➤				

**B. Commercial and Administrative Expenses:**

			2016	2017
1. Selling and marketing				
2. Customer servicing			2062	2063
3. Billings and collections			2020	2021
4. Corporate administration and general office expenses			2022	2023
5. Advertising and related services (purchased)			2018	
6. Professional and business fees (purchased legal, accounting, auditing, consulting services, etc.)			2027	
7. Management fees paid to head office or parent company			2028	
8. Amortization charges			2029	
9. Depreciation			2030	
10. Bad debts expenses			2034	
11. Permits and indirect taxes (do not include income taxes, report property taxes in '12. Other expenses', below)			2037	
12. Other commercial and administrative expenses n.e.c.: (e.g., property taxes, utilities, telecommunications/postage/courier, insurance, travel/entertainment, office equipment rental, maintenance and repairs, etc.)			2041	
a) (Please specify) ➤			2042	
b) (Please specify) ➤			2043	
c) (Please specify) ➤			2044	2045
d) Residual expenses				

**C. Land and buildings rentals (Network or Commercial)**

			2038	
<b>Total - Telecommunications Operating Expenses (sum of each column)</b>			2046	2047

**Other Operating Expenses**

			2049	
A. Cost of telecommunications goods sold				
Residual non-telecommunications expenses			2054	
B. (Please specify) ➤				
<b>Total - Other Operating Expenses</b>			2056 (2049 + 2054)	2055
<b>TOTAL - OPERATING EXPENSES</b>			2057 (2046 + 2056)	2058 (2047 + 2055) (= cell 6003, p.5)

## MODULE 3. INCOME STATEMENT

		<b>Total</b> (thousands of dollars)
A. Total operating revenues	3001 (=1102, p.2)	
B. Total operating expenses	3002 (=2057, p.3) ( )	
<b>Operating Income (Loss)</b>		3003
C. Non-operating revenues and expenses <i>(report expense items in brackets):</i>	3004	
1. Investment income <i>(interest, dividends, joint venture and minority interest, etc.)</i>		
2. Net gains (losses) on sale of assets <i>(fixed, intangible and investments), and foreign exchange</i>	3005	
3. Interest expenses:	3009	
a) on short term debt	( )	
b) on long term debt	3010 ( )	
<b>Total - Interest expenses</b>	3011 ( )	
4. Write-offs and valuation adjustments <i>(not part of C.5)</i>	3018 ( )	
5. <i>Other non-operating revenues and expenses n.e.c. (e.g., extraordinary and other gains and (losses))</i>	3019	
<b>Total - Non-operating revenues and expenses</b>		3020
D. Income taxes:	3014	
1. Deferred	( )	
2. Current	3015 ( )	
<b>Total - Income taxes</b>		3016 ( )
<b>NET INCOME (LOSS)</b>		3017 (3003 + 3020 + 3016)

## MODULE 4. BALANCE SHEET

<b>Assets</b>	<b>Historical Cost</b>	<b>Accumulated depreciation</b>	<b>Net Book Value</b> (thousands of dollars)
Current Assets			4010
Long-term Assets:			
A. Fixed Assets <i>(property, plant and equipment):</i>			4011
1. Land			
2. Buildings	4014	4015 ( )	4016
3. Network infrastructure:	4021		
a) construction			
b) machinery and equipment	4027		
<b>Total - Network infrastructure</b>	4028	4029 ( )	4030
4. Other fixed assets	4035	4036 ( )	4037
<b>Total - Fixed Assets (sum of 'Net Book Value column,' cells 4011, 4016, 4030 and 4037)</b>			4038
B. Financial/Intangible Long-term Assets:			4041
1. Financial investments			4042
2. Long-term deferrals			4043
3. Other long-term financial/intangible assets			4044
<b>Total - Assets (sum of bolded cells)</b>			

**MODULE 4. BALANCE SHEET — Concluded**

<b>Liabilities</b>	<b>Historical Cost</b>		<b>Net Book Value</b> (thousands of dollars)
Current Liabilities			4049
Long-term Liabilities:			
1. Long-term debt	4053		
Supplementary question: (amount of long-term debt that is non-interest bearing):	4072	\$ _____	
2. Residual	4076		
Total - Long-term Liabilities			4056
<b>Total - Liabilities</b>			<b>4057 (4049 + 4056)</b>
<b>Shareholders' Equity</b>			
A. Share capital	4058 preferred	4059 common	4060 (4058 + 4059)
B. Retained earnings:			
1. Opening balance (previous period closing balance)	4061		
2. Net income or (loss) for the reporting period (cell 3017, page 4)	4062		
3. Dividends declared	4063 preferred ( )	4064 common ( )	4065 (4063 + 4064) ( )
4. Other additions and (deductions)	4066		
Total - Retained earnings			4067
C. Other shareholders' equity n.e.c. (Please specify) ➤			4068
<b>Total - Shareholders' Equity</b>			<b>4069 (4060 + 4067 + 4068)</b>
<b>Total - Liabilities and Shareholders' Equity</b>			<b>4070 (4057 + 4069)</b>

**MODULE 5. CAPITAL EXPENDITURES**

If you complete the 'Survey on Capital and Repair Expenditures' for each province you operate in, you may submit photocopies of this questionnaire instead of completing this module.

	(thousands of dollars)
Construction expenditures	5009
Machinery and equipment expenditures	5018

**MODULE 6. EMPLOYMENT**

	<b>Labour Costs</b>			<b>Employees</b>
	(thousands of dollars)			(number of persons at fiscal year end)
	Salaries and wages	Fringe benefits <sup>1</sup>	Total	Total
A. Expensed labour costs	6001	6002	6003 (= cell 2058, p.3)	
B. Capitalized labour costs	6004	6005	6006	
<b>Total</b>	6007	6008	6009 (6011 + 6013) (6003 + 6006)	6010 (6012 + 6014)
C. Full-time			6011	6012
D. Part-time			6013	6014

<sup>1</sup> Supplementary labour costs such as employers contributions to CPP/QPP, EI, etc.





**Information Concerning Consolidated Reporting**

Please provide information related to subsidiaries and affiliates consolidated in this questionnaire.

**Company 1**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system   | <input type="checkbox"/> Co-operative   |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Sole proprietor  |
|   | <input type="checkbox"/> Other <i>(Please specify)</i> ➤  |   |

100

**B. Telecommunications Service:**

**Facilities-based**      **Reselling**

	401	402
Wireline Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite <i>(Fixed)</i>	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite <i>(Mobile)</i>	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other <i>(Please specify)</i>	417 <input type="checkbox"/>	418 <input type="checkbox"/>

**C. A majority of this company's revenues are:**

**Facilities-based**      **Reselling**

- |                          |     |                          |
|--------------------------|-----|--------------------------|
|                          | 400 |                          |
| <input type="checkbox"/> | or  | <input type="checkbox"/> |
- or  Non-telecom *(please specify)* ➤

**D. Nine-digit GST Registered Account/Business No.:**

300

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**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?**

104  %

**F. Please describe the company's relationship to the respondent company**

600

**Company 2**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system   | <input type="checkbox"/> Co-operative   |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Sole proprietor  |
|   | <input type="checkbox"/> Other <i>(Please specify)</i> ➤  |   |

100

**B. Telecommunications Service:**

**Facilities-based**      **Reselling**

	401	402
Wireline Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite <i>(Fixed)</i>	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite <i>(Mobile)</i>	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other <i>(Please specify)</i>	417 <input type="checkbox"/>	418 <input type="checkbox"/>

**C. A majority of this company's revenues are:**

**Facilities-based**      **Reselling**

- |                          |     |                          |
|--------------------------|-----|--------------------------|
|                          | 400 |                          |
| <input type="checkbox"/> | or  | <input type="checkbox"/> |
- or  Non-telecom *(please specify)* ➤

**D. Nine-digit GST Registered Account/Business No.:**

300

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**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?**

104  %

**F. Please describe the company's relationship to the respondent company**

600