



Survey of Wireless Telecommunications Service Providers, 1998 (Pagers, RCC)

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



Respondent company		<i>Please change pre-printed information, if necessary, using the corresponding boxes below</i>	
Legal Name			
Operating or Trade Name (if different from legal name):			
Mail contact person responsible 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. This information is used by government for national and regional programs and policy planning, by the private sector for industry performance measurement and market development and by international telecommunications organizations and the general public to better understand this sector's role in the social and economic fabric of Canada. The aggregated results of this survey will be published in Statistics Canada Catalogue No. 56-203-XPB.

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 Revenue Canada.**

Data Sharing Agreement

To reduce respondent burden and to ensure more uniform statistics, an agreement has been made under Section 11 of the Statistics Act to exchange information about the Quebec operations of survey respondents with Statistics Quebec. This statistical agency has been established under provincial legislation which provides substantially the same provisions for confidentiality and penalties for disclosure of confidential information as the federal Statistics Act. The legislation also provides this agency with the authority to collect this information on their own.

Reporting Period and Coverage

This questionnaire should be completed for the year ended December 31, 1998 or for the fiscal year ending on or before March 31, 1999.

Return Procedures

Please return the completed questionnaire(s) within **30 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
Canada, K1A 0T6

For service in English: Haig McCarrell
Phone: (613) 951-5948
Fax: (613) 951-9920
E-mail: haig.mccarrell@statcan.ca

Pour le service en français : Michael Lynch
Téléphone : (613) 951-2201
Télécopieur : (613) 951-9920
Courriel : michael.lynych@statcan.ca

Thank you for your co-operation

Respondent Information

100

A. Type of business organization:

- | | | |
|---|---|--|
| <input type="checkbox"/> ¹⁰ A single corporation | <input type="checkbox"/> Consolidated family of corporations*
(complete the back page) | <input type="checkbox"/> Part of a corporation
(e.g., branch, division) |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system | <input type="checkbox"/> Co-operative |
| <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> Joint venture | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other (please specify) _____ | | |

*** Multiple Unit Reporting** - 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) 951-5948 or (613) 951-2201.

B. Foreign ownership:

- a) What percentage of this company's common (voting) shares were foreign owned at year end? %
¹⁰¹
- b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end? %
¹⁰²

C. If your organization has undergone legal changes during the past calendar year, or is reporting for less 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:

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

300

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

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E. Reporting period:

This questionnaire should be completed for the year ending December 31, 1998 or the fiscal period ending on or before March 31, 1999

From:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

To:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Telecommunications Industry Classification

400

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

- 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	Reseller	
Wireline telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>	➔ Contact Statistics Canada for the appropriate telecommunications questionnaire if more than half of your revenues are from the activities listed here.
Cellular/PCS/ESMR	403 <input type="checkbox"/>	404 <input type="checkbox"/>	
RCC (Radio Common Carriage)	405 <input type="checkbox"/>	406 <input type="checkbox"/>	➔ Complete this questionnaire if more than half of your revenues are earned from either of these activities.
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>	
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>	➔ Contact Statistics Canada for the appropriate questionnaire if more than half of your revenues are earned from the activities listed here.
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>	
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input checked="" type="checkbox"/>	
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>	
Other <i>(Please specify)</i> ➔	417 <input type="checkbox"/>	418 <input type="checkbox"/>	

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 Nfld. 511 Y.T. 512 N.W.T

➔ 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)*

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Contact Module(s):

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Contact telephone number(s):

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Certification

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

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Signature:

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

Date completed:

Y	Y	Y	Y	M	M	D	D
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MODULE 1. OPERATING REVENUES

Telecommunications Operating Revenues		Total (thousands of dollars)
A. Carrier Services		1014
B. Paging, Narrowband PCS		1208
C. Dispatch services (RCC)		1209
D. Connection (activation, one-time charges)		1057
E. Other Telecommunications Operating Revenues:		
1. Other (Please specify) ➤		1060
2. Other (Please specify) ➤		1063
3. Other (Please specify) ➤		1066
4. Residual ➤		1069
Total - Telecommunications Operating Revenues		1070
Non-Telecommunications Operating Revenues		
A. Terminal equipment rental		1076
B. Sale of Telecommunications Goods		1079
C. Installations		1088
D. Customers Repairs and Maintenance		1091
E. Other Non-Telecommunications Operating Revenues		
1. (Please specify) ➤		1094
2. (Please specify) ➤		1097
3. Residual		1100
Total - Non-Telecommunications Operating Revenues		1101
SUMMARY		1102 1070 + 1101)
TOTAL MODULE 1 - OPERATING REVENUES (Telecom and Non-Telecom Services)		

Distribution of Operating Revenue by Type of Customer		Percentage
A. Customers in Canada:		
1. Residential (individuals and households)		1103
2. Business and other		1109
B. Customers outside Canada (exports)		1110
Total - Operating Revenues (bolded cells sum to 100%, = cell 1102)		100%

Customer Base	Subscribers				Accounts		
	Previous year end	Connections/ activations	Disconnections/ deactivations	Current year end		Current year end	
				Total	% res.	Total	% res.
Paging, Narrowband PCS	1139	1140	1141	1142	1143	1144	1145
RCC	1146	1147	1148	1149	1150	1151	1152
Other (Please specify) ➤	1153	1154	1155	1156	1157	1158	1159
Other (Please specify) ➤	1160	1161	1162	1163	1164	1165	1166

MODULE 2. OPERATING EXPENSES

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

Telecommunications Operating Expenses

A. Telecom Services Provisioning:

1. Network operations			2001	2002
2. Depreciation			2003	
3. Maintenance and repairs			2004	2005
4. Wireline circuit rentals	2006	2007	2008	
5. Wireless capacity rentals			2009	
6. Satellite capacity rentals			2010	
7. Purchased long-distance services	2011	2012	2013	
8. Contribution payments (to other providers)			2014	
Supplementary question: (contribution payments to self, not part of Question 8 or 'Operating Expenses'):	2061		\$	
9. Interconnection/settlement payments			2015	

B. Commercial and Administrative Support:

1. Selling and marketing			2016	2017
2. Advertising and related services			2018	2019
3. Billings and collections			2020	2021
4. Corporate administration and general office expenses			2022	2023
5. Telecommunications, postage and courier fees			2024	
6. Insurance			2025	
7. Travel and entertainment			2026	
8. Professional and business fees <i>(purchased legal, accounting, consulting services, etc.)</i>			2027	
9. Management fees paid to head office or parent company			2028	
10. Amortization charges			2029	
11. Depreciation			2030	
12. Maintenance and repairs			2031	2032
13. Office equipment rentals			2033	
14. Bad debts expenses			2034	
15. Licenses, permits and indirect taxes			2035	
a) Radio licensing fees			2036	
b) CRTC licensing fees			2037	
Permits and indirect taxes				
c) <i>(do not include income taxes, report property taxes in C, below)</i>				

C. Occupancy Costs:

1. Land and buildings rentals		2038
2. Utilities		2039
3. Property taxes		2040

MODULE 2. OPERATING EXPENSES – Concluded

Telecommunications Operating Expenses - <i>Continued</i>	Total (thousands of dollars)	Salaries, wages and benefits
		<input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of Total
D. Other Expenses:		
1. <i>(Please specify)</i> ➤	2041	
2. <i>(Please specify)</i> ➤	2042	
3. <i>(Please specify)</i> ➤	2043	
4. Residual expenses	2044	2045
	2046	2047
Total - Telecommunications Operating Expenses <i>(sum of each column)</i>		

Non-Telecommunications Operating Expenses		
A. Terminal Equipment Rentals	2048	
B. Cost of Telecommunications Goods Sold	2049	
C. Other expenses:		
1. <i>(Please specify)</i> ➤	2059	
2. <i>(Please specify)</i> ➤	2060	
3. Residual Expenses	2054	2055
	2056	
TOTAL - Non-Telecommunications Operating Expenses <i>(sum of Total column)</i>		

SUMMARY				
	2057	(2046 + 2056)	2058	(2047 + 2055)
TOTAL MODULE 2 - OPERATING EXPENSES <i>(Telecom and Non-Telecom Services)</i>				

MODULE 3. INCOME STATEMENT

		Total (thousands of dollars)
A. Total Operating Revenue <i>(cell 1102)</i>	3001	
B. Total Operating Expenses <i>(cell 2057)</i>	3002 ()	
Operating Income (Loss)		3003
C. Non-Operating Revenue:		
1. Investment income <i>(interest, dividends)</i>	3004	
2. Net gains (losses) on sale of assets, foreign exchange	3005	
3. Extraordinary gains <i>(losses)</i>	3006	
4. Other <i>(please specify)</i> ➤	3007	
Total - Non-Operating Revenue		3008

MODULE 3. INCOME STATEMENT – Concluded

		Total (thousands of dollars)
D. Non-Operating Expenses:		
1. Interest expenses:		
a) on short term debt	3009	
b) on long term debt	3010	
	3011	
Total - Interest expenses	3012	
2. Other (Please specify) ➤		
		3013
Total - Non-Operating Expenses		()
E. Income Taxes:		
1. Deferred	3014	
2. Current	3015	
		3016
Total - Income Taxes		()
		3017
NET INCOME (LOSS)		

MODULE 4. BALANCE SHEET

Assets	Historical Cost (thousands of dollars)			TOTAL Net book value at year end (thousands of dollars)
A. Current Assets:				
1. Cash, deposits and temporary cash investments				4001
2. Accounts receivable (accounts, notes and other) ➤				4002
3. Inventory				4008
4. Other (Please specify) ➤				4009
				4010
Total - Current Assets (Sum of total column)				
B. Fixed Assets (property, plant and equipment)				
1. Land				4011
	4012 (office/non-network)	4013 (network operations)	4014 (4012 + 4013)	
2. Buildings				
			4015 accumulated depreciation ()	4016 Net
3. Network infrastructure:				
a) Transmission structures	4017			
b) Machinery and equipment:				
Transmission equipment	4022			
Switching equipment	4025			
Terminal equipment	4026			
Other (Please specify) ➤	4027			
			4028	
Total - Network Infrastructure				
			4029 accumulated depreciation ()	4030 Net

MODULE 4. BALANCE SHEET – Continued

	Historical Cost (thousands of dollars)	TOTAL Net book value at year end (thousands of dollars)
4. Other fixed assets <i>(not part of Network infrastructure - item 3, above):</i>		
	4031	
a) Computers, software and related equipment		
	4032	
b) Furniture and office equipment		
	4033	
c) Motor vehicles and other transport equipment		
	4034	
d) Residual		
	4035	
Total - Other fixed assets		
	4036	4037
	accumulated depreciation	Net
	()	
		4038
Total - Fixed Assets <i>(sum of 'Net Book Value column,' cells 4011, 4016, 4030 and 4037)</i>		
C. Financial Investment:		
1. Investments in and claims on parent, subsidiary and affiliated companies	4039	
2. Other investments	4040	
Total - Financial Investments		4041
D. Deferred charges		4042
E. Other		4043
Total - Assets <i>(sum of bolded cells)</i>		4044
Liabilities		
A. Current Liabilities:		
1. Trade accounts payable	4045	
2. Other accounts payable	4046	
3. Short-term debt	4047	
<i>Supplementary question:</i> (amount of short-term debt that is non-interest bearing): \$ _____	4071	
4. Other <i>(Please specify)</i> ➤	4048	
Total - Current Liabilities		4049
B. Long-Term Liabilities:		
a) Capital lease obligations	4050	
b) Bonds and debentures	4051	
c) Other <i>(Please specify)</i> ➤	4052	
Total - Long-Term debt		4053
<i>Supplementary question:</i> (amount of long-term debt that is non-interest bearing): \$ _____	4072	
2. Deferrals and reserve accounts <i>(Please specify)</i> ➤	4054	
3. Other <i>(Please specify)</i> ➤	4055	
Total - Long-Term Liabilities		4056
Total - Liabilities		4057 (4049 + 4056)

MODULE 4. BALANCE SHEET – Concluded

Shareholders' Equity	Historical Cost (thousands of dollars)			TOTAL Net book value at year end (thousands of dollars)
	4058 (preferred)	4059 (common)		4060 (4058 + 4059)
A. Share capital				
B. Retained earnings:				
a) Opening balance (previous period closing balance)			4061	
b) Net income or (loss) for the reporting period (cell 3017, page 5)			4062	
c) Dividends declared	4063 (preferred)	4064 (common)	4065	
d) Other additions and deduction ⁴			()	
			4066	
Total - Retained Earnings				4067
C. Other (Please specify) ➤				4068
Total - Shareholders' Equity				4069
Total - Liabilities and Shareholders' Equity				4070 (4057 + 4069)

MODULE 5. CAPITAL EXPENDITURES

Construction	(thousands of dollars)
A. Construction Expenditures	5009
B. Payments for Work Performed by Contractors (included in 'Total - Construction Expenditures' above)	5010
Machinery and Equipment Expenditures	
A. Transmission Equipment	5011
B. Terminal Equipment	5016
C. Other (Please specify) ➤	5017
Total - Machinery and Equipment Expenditures	5018

MODULE 6. EMPLOYMENT

	Labour Costs			Employees (number of persons at year end)
	(thousands of dollars)			
	Salaries and wages	Fringe benefits	Total	
A. Full-time			6011	6012
			6013	6014
B. Part-time				
Total	6007	6008	6009	6010

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:

Type of Business

A. Type of business organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> A single corporation | <input type="checkbox"/> Consolidated family of corporations | <input type="checkbox"/> Part of a corporation (e.g., branch, division) |
| <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 (Please specify) _____ | | |

B. Telecommunications Service:

	Facilities-based 401	Reselling 402
Wireline telecommunications	<input type="checkbox"/>	<input type="checkbox"/>
Cellular/PCS/ESMR	<input type="checkbox"/>	<input type="checkbox"/>
RCC	<input type="checkbox"/>	<input type="checkbox"/>
Paging, Narrowband PCS	<input type="checkbox"/>	<input type="checkbox"/>
Wireless Broadband	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Wireless	<input type="checkbox"/>	<input type="checkbox"/>
Satellite (Fixed)	<input type="checkbox"/>	<input type="checkbox"/>
Satellite (Mobile)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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

300

E. a) What percentage of this company's common (voting) shares were foreign owned at year end?

101
 %

b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end?

102
 %

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

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

- Non-Telecom or 400 or

Company 2

Legal Name

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

Street:

City:

Province:

Postal Code:

Telephone:

Fax:

E-mail:

Type of Business

A. Type of business organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> A single corporation | <input type="checkbox"/> Consolidated family of corporations | <input type="checkbox"/> Part of a corporation (e.g., branch, division) |
| <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 (Please specify) _____ | | |

B. Telecommunications Service:

	Facilities-based 401	Reselling 402
Wireline telecommunications	<input type="checkbox"/>	<input type="checkbox"/>
Cellular/PCS/ESMR	<input type="checkbox"/>	<input type="checkbox"/>
RCC	<input type="checkbox"/>	<input type="checkbox"/>
Paging, Narrowband PCS	<input type="checkbox"/>	<input type="checkbox"/>
Wireless Broadband	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Wireless	<input type="checkbox"/>	<input type="checkbox"/>
Satellite (Fixed)	<input type="checkbox"/>	<input type="checkbox"/>
Satellite (Mobile)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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

300

E. a) What percentage of this company's common (voting) shares were foreign owned at year end?

101
 %

b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end?

102
 %

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

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

- Non-Telecom or 400 or