

Transportation Division

Passenger Bus Survey **Quarterly Report** Scheduled Intercity, School Bus, **Charter and Other Passenger Bus Services**

Form B

Si vous préférez recevoir ce questionnaire en français veuillez contacter Statistique Canada immédiatement au 1-888-373-8424.

		Correct pre-printed information if necessary
	001	Legal name
	002	Business name
	003	C/O
	004	Number and Street
	005	City
⅌	006	Province 007 Postal code

Please read carefully before completing

AUTHORITY

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

PURPOSE OF THE SURVEY

This survey collects data essential for the statistical analysis of the passenger bus industry and its impact on the Canadian economy. Aggregated industry information and industry averages are used by individual businesses to assess their competitive position in the industry, banks for assessing industry performance for loan purposes, industry associations to help protect the industry's interests, industry analysts to evaluate industry performance for investment decisions, and all levels of government to develop national and regional economic programs and policies.

CONFIDENTIALITY

The data are to be used for statistical purposes only and published in aggregate form. Statistics Canada is prohibited by law from publishing any statistics that divulge information that relates to any identifiable business without the previous written consent of that business. The confidentiality provisions of the Statistics Act are not affected by the Access to Information Act or any other legislation.

FEDERAL-PROVINCIAL AGREEMENTS

- Under section 11 of the **Statistics Act** with the Newfoundland Statistics Agency and the Quebec Bureau of Statistics: Statistics Canada only enters into section 11 agreements with provincial statistical agencies that have statistics acts similar to the federal act. These agencies have the authority to collect this information and the same provisions for confidentiality and penalties for disclosure of information as the Federal Statistics Act.
- Under section 12 of the **Statistics Act** with the Newfoundland Department of Works Services and Transportation, the Nova Department of Works Services and Transportation, the Nova Scotia Board of Commissioners of Public Utilities, the Quebec Department of Transportation, the Ontario Ministry of Transportation and Transport Canada (see section C below): The agreements we have with these agencies require that they keep the information confidential and only use it for statistical and uses arch purposes. Under section 12, respondents may object to the sharing of their information by giving notice in writing to the Chief Statistician and returning their letter of objection along with the completed questionnaire in the enclosed envelope.

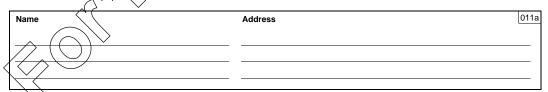
Further to the section 12 agreement with Transport Canada, the following applies to federally regulated carriers: Statistics Canada is collecting the information for itself pursuant to the **Statistics Act** and on behalf of Transport Canada pursuant to the **Canada Transportation Act** and the Carriers Information Regulations. In this case, respondents do not have the right to object to sharing their information since the party to the Agreement is authorized by law to require the respondent to provide the information.

Coverage

If you are completing question naires for a group of companies with common ownership, please feel free to provide a consolidated report if it is easier for you. If providing a consolidated report, please complete the following.

Legal and/or Operating Entities

List the names of the legal and/or operating entities included in this report. If additional space is required please use an additional sheet of paper.



Reporting period

If you cannot provide data for this calendar period, please report for your corresponding business period.

Start							
Year		1	Nonth	Day			
10		09		80			

End								
Year		N	/lonth	Day				
13		12		11				

Information for respondents

Do you have questions regarding this survey? Do you need help in completing the form?

Telephone: 1-888-373-8424 (toll free) FAX: dtta@statcan.ca

1-877-667-6684 (toll free)

Please complete and return within 30 days of receipt.

If you choose to transmit the questionnaire or information to Statistics Canada by facsimile or internet e-mail communication, please be advised there could be a risk of disclosure during the communication process. However, upon receipt of your communication, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act

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Internet:

Statistics Statistique Canada Canada



Urban transit	Contract (i.e. with city)	100	
Olban transit	Transit service for disabled persons	105	
Scheduled interd	city service	110	
Commuter servi	се	115	
School bus serv	iCe (Home to school - Include contracts with parent groups for home to school transportation)	120	
School bus cha	rter service (Education and non-education related charters)	125	
Motor coach cha	arter service	130	
Contract service	(Excluding urban transit)	135	
Sightseeing serv	vice	140	
Airport and station	on service	145	
Parcel express		150	
Other passenge	r bus service - Specify155a	155	>
Subsidies (For th	ose paid annually or bi-annually, please estimate the quarterly instalment)	160	
Other operating	revenue (Terminal rental, leasing, etc.)	165	
Total quarterly	operating revenue (Sum of lines 100 to 165)	170	

PART 2 - Quarterly Statement of Operating Expenses

	-			_	-
Quarterly Direct	Operating I	Expenses	6		

Omit cents

Drivers' wages and salaries (excluding benefits)	200	
Employee benefits - Drivers	205	
Mechanics' salaries and wages (excluding benefits)	210	
Employee benefits - Mechanics	215	
Tires and tubes (including repairs and renewalls)	220	
Vehicle parts	225	
Purchased repairs to vehicles	230	
Other maintenance expenses	235	
Fuel (including fuel tax)	240	
Total quarterly direct operating expenses (Sum of lines 200 to 240)	245	

Quarterly Indirect Operating Expenses

Omit cents

Wages and salaries (excluding benefits) - All other employees, including working owners	250	
Employee benefits - All other employees including working owners	255	
Depreciation	260	
Vehicle leases (if paid annually, please estimate quarterly instalments)	265	
Insurance (if paid annually, please estimate quarterly instalments)	270	
Other indirect operating expenses (licence fees, commissions paid, terminal expenses, etc.) (For those paid annually, please estimate quarterly instalments)	275	
Total quarterly indirect operating expenses (Sum of lines 250 to 275)	280	

Interest and other non-operating expenses (For those paid annually, please estimate quarterly instalments)	285	
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Total quarterly expenses	(Sum of lines 245, 280, and 285)	290	

Sei	vice	Provided			Includ		tance Run Dead Head" distance		Passengers Carried
					399	1	Kilometres Miles		
Motor coach charter ser	vice				300				
School bus charter serv	ice				305				
School bus (Home to so	hool)				310				
Contract service (excl. u	ırban	transit)			315				
Urban transit					320			3	555
Scheduled intercity serv	ice				325			3	60
Commuter service					330			3	65
Sightseeing service					335			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	70
Airport and station servi	се				340			B	75
Other bus service - Spe	cify			345a	345		1	3	80
Total					350			3	85
PART 4 - Service Inputs									
Hours Paid during the Quarter (or equivalent hours if paid on a route, daily or salary basis)		Drivers	\(\lambda \)	Mechani	CS CS	D	Other Employees		Total hours paid
Full-time employees	400	<((415			430		445	
Part-time employees	405		420			435		450	
All employees	410		425			440		455	
\Diamond	. <			<u>I</u>					
~ ~		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Mechani	cs		Other		Total number
Number of Employees at Quarter's €nd		/ Drivers					Employees		of employees
Number of Employees	460	∕ Drivers	475	Moonani		490	Employees	505	of employees
Number of Employees at Quarter's €ht	460 465	∕ Drivers	475 480			490 495	Employees	505 510	of employees

C	Certification							
1	I certify that the information contained herein is complete and correct to the best of my knowledge.							
015	Name and title of person making this report (i	Please	Signature X					
016	Telephone No. (Please include area code)	017	Facsimile No. (Please include area code)	018	Date (Day - Month - Year)			
	THAI	NK Y	OU FOR YOUR COOPERATION					

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