2005 Survey of Service Industries: **Repair and Maintenance Services**

This document is confidential when completed. Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au 1 888 881-3666.

lf n	ecessary, pleas	se correct pre-printed information below.							3
0001	Legal name		0004	Address (number and street)	7				
	Business name		0005	City					
	Title of contact		0006	Provinc 3/ Territory er State					
	First name of contact		005	Country		0007	Postal code/ Zip code		
	Last name of contact		0010	Language preference	¹ English	h	2	French	

This information is collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. COMPLETION OF THIS QUESTIC NATIRE IS A LEGAL REQUIREMENT UNDER THIS ACT.

A - Introduction

Survey Purpose

This survey collects the financial and operaumy data needed to develop national and regional economic policies and programs.

Data-sharing Agreer ents

In an effort to reduce reporting burden, Statistics Canada has entered into agreemen, with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

Confidentiality

The Statistics Act protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

Fax or Other Electronic Transmission Disclosure

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

Reporting Instructions

- Report for all operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the **Comments** section at the end of the questionnaire.
- When precise values are not available from your records, estimates are acceptable.
- For further information about this survey and definitions, please consult the enclosed reporting guide.

Please return the questionnaire within 30 days.

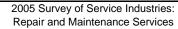
Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999.

Lost the return envelope or need help? Call us at 1 888 881-3666 or mail to: Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

Statistics Canada

Statistique Canada

2005-07-28 STC/UES-425-75391





B - Main Business Activity							
1.	Please describe the nature of your business.						
	0055						
2.	Please check the one main activity which most accurately represents your principal source of revenue.						
	OB00 General automotive mechanical and electrical repair and maintenance						
	O801 Automotive exhaust systems repair						
	O803 Automotive body, paint and interior repair and maintenance						
	Other specialized motor vehicle repair and maintenance services (e.g., brake, radiator, transmission repair shops)						
	O804 Automotive glass replacement shops						
	⁰⁸⁰⁵ Car washes						
	Oggainst All other automotive repair and maintenance services (e.g., diagnostic centres, emissions testing, tire repair, oil and lube services)						
	0807 Electronic and precision equipment repair and maintenance						
	Commercial and industrial machinery and equipment repair and maintenance						
	None of the above						
	If you checked, "None of the above", please call 1 838 oct-3666 for further instructions.						
С	- Reporting Period Information						
1.	Please report information for your <u>fiscal year</u> (normal business year) ending between April 1, 2005 and March 31, 2006. Please indicate below the period covered by this questionnaire.						
	YYYY MI DD YYYY MM DD						
	From 0011 To 0012						
2.	If you did not operate this busin, so unit for a full year, please check the reason(s) below:						
	O031 1 Seasonal 2 New Change of 4 Change of 5 Ceased 6 Temporarily operations operations operations inactive						
	It are complete only the guestions that are applicable to your business						
	Procese complete only the questions that are applicable to your business. Whom precise values are not available from your records, estimates are acceptable.						
D	- E - Not applicable						

F	Industry Characteristics - Repair and Maintenance Services	
Ple	ase provide a breakdown of your sales.	
Ple	ase indicate if you are reporting in either Canadian dollars or percentages.	
		9973 1 SOR 2 M
1.	Labour charged for repair and maintenance services	2041
2.	Parts and accessories used in service and repair work only	2042
3.	Over the counter sales of merchandise, parts and accessories	2028
4.	Other sales (include revenue from towing, recycling, etc.)	2558
	(please specify): 2559	4
5.	Total sales (sum of questions 1 to 4)	2305
lnv	ventory CAN\$	CAN\$
Par	rts and accessories Value of opening inventory	Value of closing inventory
6.	Parts used in repair work only	5582
7.	Other over the counter merchandise	5565
8.	Total inventories (sum of questions 6 and 7)	5555
G	- Personnel	
1.	Number of non-salaried partners and proprietors (. salaried, report only at	umber
2.	question 2 below) Number of paid employees (based on year-end 1.1 p.xyroll summaries)	
	%	
3.	Percentage of paid employees who worked full-time	
		umber
4.	Number of contract workers (for whom you did not issue a T4 such as freelancers and has hall workers)	
5.	Number of voluntee's (including unpaid interns and co-op students) during the reporting period. 6014	
		er of hours
6.	Total number of hours worked by volunteers during the reporting period 6026	
Η.	- Sales by Type of Client	
Ple	ase provide a percentage breakdown of your sales by type of client.	
1.	Clients in Canada	%
	a) Businesses 8112	
	b) Individuals and households	
	Governments and public institutions (e.g., hospitals, schools)	
2.	Clients outside Canada 8140	
	Total 1	00%

I - J - K - Not applicable								
L - Certification								
I certify that the information contained herein i	s com		nd correct to	the best of my	_			
Signature of authorized person		Title 0014			0015 YYYY	Date MM		
Name of person to contact for further	0013	First nam	е					
information: 0026	0013							
¹ Mr. ² Mrs. ³ Miss ⁴ Ms	0054	Last name	9					
E-mail			Web site		, (
address 0018			address 0020		~~			
Telephone number	Extens			Fax number				
0017	0027			0016	Hour(s)		Minutes	
How long did you spend collecting the data and co	mpletir	ng this o	questionnaire	9?	9910	9909		
M - Comments				A				
We invite your comments below. Please be assure	ed that	we revi	ew all comm	ents with the inter	nt to improve the	survey.		
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- Q_ y								
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9916								
Thank you for completing this questionnaire. Please retain a copy for your records.								
Statistics Canada's publications are available for use in all major libraries. As well, please visit our Web site at www.statcan.ca.								
If you need	help, p	lease c	ontact us at	1 888 881-3666.				