



Annual Survey of Commercial and Industrial Machinery and Equipment Rental and Leasing, 1999

▼ Reference number ▼

Authority

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.



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	Postal 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 commercial and industrial machinery and 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 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 sent to Statistics Canada using the following facsimile communication: **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.

1. Business Activity

- a) Please describe the nature of your firm's business activity in 1999: 021 _____
-
- b) Is this a change from the previous year? 022 1 Yes 2 No
 ↓
 If yes, please provide details in the "Comments" section on page 7.
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue.
- 023 532410 Construction, Transportation, Mining and Forestry Machinery and Equipment Rental and Leasing (without operators). (Excludes renting/leasing of automobiles or light trucks, and pleasure boat rental.)
- 532420 Office Machinery and Equipment Rental and Leasing (Excludes consumer electronics, appliances, residential furniture).
- 532490 Other Commercial and Industrial Machinery and Equipment Rental and Leasing (Includes agricultural, industrial, commercial, and audio-visual equipment) (please specify)
- 522220 This business unit is engaged in sales financing as well as rental and leasing of Commercial and Industrial Machinery and Equipment.
- 032 None of the above (please specify)
- 048 _____

2. Form of Organization

- a) Type of organization (please check **one** only):
- 027 1 Sole proprietorship 2 Partnership 3 Incorporated company 4 Co-operative
- 5 Joint venture 6 Government business entity 7 Government 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?
- 025 1 Yes – **If yes**, please name the company or professional practice 033 _____
- 3 No
- c) Please enter your nine-digit Business Number (if incorporated)
- 034 _____
- d) Is this business affiliated with a chain or franchise group?
- 030 1 Yes (please provide name) 044 _____
- 3 No
- e) Did this business unit participate in any joint venture(s) during the reporting period?
- 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 yes**, 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
- 036 _____
- g) Please provide the name of the joint venture.
- 037 1 Incorporated – **If incorporated**, please go to i) 3 Unincorporated – **If unincorporated**, please go to j)
- i) Business Number of joint venture (if incorporated) 038 _____
- j) If it is an unincorporated joint venture, please provide the length of time of the joint venture.
- 039 Y Y Y Y M M D D 040 Y Y Y Y M M D D
- From _____ To _____
- k) Venture partner(s) and Business Number(s) (if incorporated)
- | Venture partner(s) | Business Number(s) (if incorporated) |
|--------------------|--------------------------------------|
| 041 | 043 _____ |

If you participated in more than one joint venture or if more space is required, please enclose a separate page.

3. Reporting Period

Please report for the calendar year 1999 or for your most recent fiscal year ending no later than March 31, 2000.

This report covers **229** no. of months **231** ending

YYYY	MM	DD

Period of Operation If you did not operate this business for a full year, please check (✓) the reason below:

- 235 1 Seasonal operation 5 Ceased operation (please specify) 046 _____
 2 New business in 1999 6 Temporarily closed (please specify) 047 _____
 3 Change of fiscal year end
 4 Change of ownership (please provide name and address of the other owner)

045 _____ Effective date of change **236**

YYYY	MM	DD

Please report for your 1999 fiscal year, as reported in section 3, on page 3.

4.1 Revenue

- Please exclude GST and all other taxes collected by you for remittance to a government agency.
- Please report all answers in **Canadian dollars**.

- | | Dollars
(omit cents) |
|--|-------------------------|
| a) Revenue from Rental and/or Operating Lease Agreements
Report gross revenue generated from the rental and/or leasing of: industrial machinery and equipment; audio-visual equipment; office furniture and machinery; truck, automobile and trailer rentals; and any household items. Exclude revenue from rental of real estate (see (g) below). | 106 |
| b) Revenue from Capital Leases (i.e., leases that transfer the benefits/risks of ownership to the lessee; include interest and principal) | 101 |
| c) Repair Revenue
Include all revenue earned (labour charges) from repairs but exclude the charges for materials and parts used in these repairs and report them in (d) as Sales of Merchandise | 102 |
| d) Sale of Merchandise
Include materials and/or parts charged to a customer in the performance of repairs or forming part of a service rendered. Sales of gasoline, oil and insurance which are part of a rental contract should be included here. Report offsetting costs in item 5 (a) | 103 |
| e) Sales of Rental and/or Leased Equipment
Loss or gain on the sales and/or disposal of previously rented and/or leased equipment.
Value of sales (disposal value) of previously rented and/or leased equipment | 111 |
| 114 \$ _____ | |
| f) Commissions, Royalty Payments, Franchise Fees, Foreign Exchange and Management Fees | 107 |
| g) Other Operating Revenue
e.g., revenue from rental of real estate, miscellaneous service revenue, etc. (Please specify) | 108 |
| 050 _____ | |
| h) Total Operating Revenue
(sum of items (a) to (g)) | 115 |
| i) Non-Operating Revenue
Interest and all other revenue that is not directly related to the operation of this business. | 120 |
| j) Total Revenue (sum of items (h) and (i)) | 130 |

4.2 Fixed Assets

Please report the total dollar value of leasing and/or rental equipment on your books at your 1999 year end.

	Dollars (omit cents)
Original cost	133
Total accumulated depreciation	134
Book value (Box 133 minus Box 134)	135

5. Operating Expenses

- Please report all answers in **Canadian** dollars.
- Do not include capital expenditures.
- 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)	160
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	161
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	162
d) Rent and/or lease of land and buildings	163
e) Rent and/or lease of motor vehicles	164
f) Computer services purchased (including equipment rental, data processing and software development)	165
g) Rent and/or lease of other machinery and equipment	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
o) Travel and entertainment	174
p) Royalties and franchise fees	175
q) Depreciation and amortization	176
r) Interest expense	177
s) Office and all other supplies and materials used in the business (exclude supplies reported under Cost of goods sold item (a) above)	178
t) 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> 051 _____	179
u) Total Operating Expenses (sum of items (a) to (t))	

6. Employment

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
- c) **Working proprietors** and/or partners of **unincorporated** businesses

Number
152
151
154
153

7. Client Base

Please report the percentage of total operating revenue (Section 4.1, item (h)) derived **directly** from:

1. Domestic Clients

Individuals

Business

- a) Retail Trade
- b) Traveller Accommodation and Food Services
- c) Wholesale Trade
- d) Agriculture, Forestry, Fishing and Mining
- e) Manufacturing
- f) Construction
- g) Transportation and warehousing
- h) Finance, Insurance and Real Estate
- i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)
- 052

Institutions

- j) Educational Services
- k) Health Services
- l) Other institutional demand (please specify)
- 053

m) Government

2. Foreign Clients (regardless of type)

Total

(total of boxes 190 to 206 must equal 100%)

Percentage
190
191
192
193
194
195
196
197
199
200
202
203
204
205
206
207
100 %

8. Provincial/Territorial Distribution

- 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.

Number
024

- a) Please report the number of permanent business units operated in Canada during the reporting period.
- b) Do you have permanent business locations in **more** than one province or territory?

300 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	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.	301	314	327	343	357
P.E.I.	302	315	328	344	358
N.S.	303	316	329	345	359
N.B.	304	317	330	346	360
Que.	305	318	331	347	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
B.C.	310	323	336	352	366
Nunavut	340	341	342	353	367
N.W.T. (without Nunavut)	311	324	337	354	368
Yukon Territory	312	325	338	355	369
Total	313	326	339	356	370

Should equal Box 024, Section 8	Should equal Box 130, Section 4.1	Should equal the sum of Boxes 160 and 161 Section 5	Should equal the sum of Boxes 152, 151 and 153 Section 6	Should equal Box 179, Section 5
---------------------------------------	---	--	---	---------------------------------------

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)	
054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	055 First Name
	056 Last Name

057 E-mail address	058 Company's Home Web page address (URL)
--------------------	---

Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form?

801 hours

