



2004 Survey of Service Industries: Automotive Equipment Rental and Leasing

This information 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.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au 1 888 881-3666.

If necessary, please correct pre-printed information below.



0001	Legal name	0004	Address (number and street)		
0002	Business name	0005	City		
0003	C/O	0006	Province/Territory or State		
0008	First name of contact	0053	Country	0007	Postal code/Zip code
0028	Last name of contact	0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French	

A - General Information

Survey Purpose

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

Data-sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements 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 booklet entitled *Statistics Canada Business Surveys* for details of these agreements.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

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 figures are not available, please provide your best estimates.
- For further information about this survey and definitions, please consult the enclosed booklet entitled *Statistics Canada Business Surveys*.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

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



B - Main Business Activity

- a) Please describe the nature of your firm's business activity in 2004: 0141 _____
-
- b) Is this a change from the previous year?
 0142 ¹ Yes **If yes**, please provide details in the "Comments" section on page 7. 3 No
- c) Please check below the one industry which most accurately describes your firm's principal source of operating revenue.
- | | |
|--|---|
| 532111 ⁰¹¹³ <input type="checkbox"/> Passenger Car Rental (<i>without driver</i>)
532112 ⁰¹¹⁴ <input type="checkbox"/> Passenger Car Leasing (<i>without driver</i>).
(Exclude establishments primarily engaged in retailing cars.)
532120 ⁰¹¹⁵ <input type="checkbox"/> Truck, Utility Trailer and RV (Recreational Vehicle) Rental and Leasing (<i>without driver</i>).
(Exclude establishments primarily engaged in renting/leasing heavy equipment). (Include renting/leasing modular space). | 522220 ⁰¹¹⁶ <input type="checkbox"/> This business unit is engaged in sales financing as well as automotive equipment rental and leasing.
0040 <input type="checkbox"/> None of the above (<i>please specify</i>)
0041 _____

_____ |
|--|---|

C - Business Unit Organization

- a) Type of organization (please check **one** only):
- | | | | |
|--|---|---|---|
| 0024 ¹ <input type="checkbox"/> Sole proprietorship | 2 <input type="checkbox"/> Partnership | 3 <input type="checkbox"/> Incorporated company | 4 <input type="checkbox"/> Co-operative |
| 5 <input type="checkbox"/> Joint venture | 6 <input type="checkbox"/> Government business entity | 7 <input type="checkbox"/> Government | 8 <input type="checkbox"/> 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?
 0029 ¹ Yes – **If yes**, please name the company or professional practice.
0030 _____
 3 No
- c) Please enter your nine-digit Business Number (if incorporated) 0189 _____
- d) Is this business affiliated with a chain or franchise group?
 0789 ¹ Yes (*please provide name*) 0790 _____
 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.
 0170 ¹ Yes – **If yes**, please go to (f) 3 No – **If no**, please go to **Section D**
- f) Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?
 0171 ¹ Yes 3 No
- g) Please provide the name of the joint venture. 0180 _____
- h) Is this joint venture:
 0190 ¹ Incorporated – **If incorporated**, please go to (i) 3 Unincorporated – **If unincorporated**, please go to (j)
- i) Business Number of joint venture (if incorporated) 0179 _____
- j) If it is an unincorporated joint venture, please provide the length of time of the joint venture.

YYYY	MM	DD	YYYY	MM	DD
From ⁰¹⁹¹ <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	To ⁰¹⁹² <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
- k) Joint venture partner(s) and Business Number(s) (if incorporated)

Joint Venture partner(s)	Business Number(s) (if incorporated)
0181	0182

D - Reporting Period Information

Please report information for your **fiscal year** (normal business year) ending between April 1, 2004 and March 31, 2005. Please indicate below the period covered by this questionnaire.

From 0011 YYYY MM DD To 0012 YYYY MM DD

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

- 0042 Seasonal operation 0035 Ceased operation (please specify) 0119 _____
 0032 New business in 2004 0036 Temporarily closed (please specify) 0049 _____
 0033 Change of fiscal year end
 0034 Change of ownership (please provide name and address of the other owner)
 0124 _____ Effective date of change YYYY MM DD
0125 YYYY MM DD

E - Revenue

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

		\$ CDN
a) Revenue from Rental and/or Operating Lease Agreements		
i) automobiles and passenger vans	2205	
ii) trucks and commercial vans	2206	
iii) recreational vehicles (e.g., motor homes, tent trailers)	2207	
iv) other trailers	2208	
v) other (e.g., buses, please specify). Exclude revenue from rental of real estate (see item (g) below).	2210	
2209 _____		
b) Revenue from Capital Leases (i.e., leases that transfer the benefits/risks of ownership to the lessee; include interest and principal)	1192	
i) automobiles and passenger vans		
ii) trucks and commercial vans	1193	
iii) recreational vehicles (e.g., motor homes, tent trailers)	1194	
iv) other trailers	1196	
v) other (e.g., buses, please specify). Exclude revenue from rental or real estate (see item (g) below).	1197	
1198 _____		
c) Sales of Merchandise (e.g., new or used vehicles, oil, gasoline) including materials and parts charged to a customer in the performance of repairs. Charges for labour should be reported in this section, item (e). Report sales and/or disposal of previously rented and/or leased equipment in this section, item (f) below.	2048	
d) Insurance Revenue (also include Collision Damage Waiver) Report commissions earned from the sale of insurance.	2211	
e) Repair Revenue (Exclude parts and materials charged to customers and report them in this section, item (c).)	2041	
f) 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 lease equipment	2198	
2199 _____		
g) Other Operating Revenue e.g., revenue from rental of real estate, miscellaneous service revenue. (Please specify)	2077	
2071 _____		
h) Total Operating Revenue (sum of items (a) to (g))	2080	
i) Non-operating Revenue Interest and all other revenue that is not directly related to the operation of this business.	2097	
j) Total Revenue (sum of items (h) and (i))	2098	

F - Fixed Assets

Please report the total dollar value of leasing and/or rental equipment on your books at your 2004 year end.

	\$ CDN
Original cost	5131
Total accumulated depreciation	5132
Book value (cell 5131 minus cell 5132)	5133

G - Expenses

- Please report all answers in **Canadian dollars**.
- **Do not include** capital expenditures. (See **section F**.)
- 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 H.**

\$ CDN

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)	5721	
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	3010	
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	3040	
d) Rent and/or lease of land and buildings	4120	
e) Rent and/or lease of motor vehicles	4125	
f) Computer services purchased (including equipment rental, data processing and software)	4233	
g) Rent and/or lease of other machinery and equipment	4135	
h) Repair and maintenance	4175	
i) Legal, accounting, management and consulting fees	4230	
j) Advertising and sales promotion	4365	
k) Insurance	4350	
l) Taxes, permits and licences (exclude income taxes)	4410	
m) Heat, light, power and water	4042	
n) Telephone, telecommunication, postage and courier fees	4102	
o) Travel, meal and entertainment expenses	4370	
p) Royalties and franchise fees	4440	
q) Amortization and depreciation	4520	
r) Interest expenses and credit card fees	4629	
s) Office and all other supplies and materials used in the business (exclude supplies reported under item (a) above)	4000	
t) Commission paid (include airport fees, travel agents' commissions)	4082	
u) All other operating expenses, excluding bad debts . Include fees paid to contract workers. (<i>Please specify major items</i>)	4569	
4561 <input style="width: 500px; height: 20px;" type="text"/>		
v) Total Operating Expenses (sum of items (a) to (u))	4599	

H - Employment

1. Paid Employees

Please report the **average number** of persons employed during the reporting period to whom you paid Salaries and Wages as shown in **Section G**, item (b).

Number

a) Full-time Employees (regular employees who worked the standard work week as observed by the business)	6310	
b) Part-time Employees (those who worked fewer than the standard work week hours observed by the business)	6311	
2. Contract Workers (individuals engaged only for the duration of a specific project or term)	6320	
3. Working proprietors and/or partners of unincorporated businesses	6321	

I - Client Base

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

%

1. Domestic Clients

Individuals

Business

a) Retail Trade	8100	
b) Traveller Accommodation and Food Services	8103	
c) Wholesale Trade	8104	
d) Agriculture, Forestry, Fishing and Mining	8104	
e) Manufacturing	8163	
f) Construction	8165	
g) Transportation and warehousing	8105	
h) Finance, Insurance and Real Estate	8106	
i) Other (e.g., professional / scientific services, telecommunication) (please specify)	8115	
8172 <input type="text"/>		
Institutions	8121	
j) Educational Services		
k) Health Services	8122	
l) Other institutional demand (please specify)	8123	
8124 <input type="text"/>		
m) Government	8130	

2. Foreign Clients (regardless of type)

Please report the percentage of foreign market revenue by region:

United States	8465	
Mexico	8470	
Central and South America	8462	
European Union	8477	
Other Europe	8463	
Africa	8464	
Middle East	8466	
Asia	8471	
Australia, New Zealand	8467	
Other	8476	
Total (sum of cells 8100 to 8476 must equal 100%)		100%

J - 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

5001

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?

9966 3 No – **Please go to Section K**

1 Yes – **Please complete Section J (c)**

c) Please report the following data for the provinces or territories in which you have units.

Province/Territory	Business Units		Total Revenue		Salaries, Wages and Employee Benefits		Employees		Total Operating Expenses	
	(Number)		\$ CDN		\$ CDN		(Number)		\$ CDN	
Newfoundland and Labrador	5002		4824		4826		6225		4925	
Prince Edward Island	5003		4829		4831		6230		4930	
Nova Scotia	5004		4834		4836		6235		4935	
New Brunswick	5005		4839		4841		6240		4940	
Quebec	5006		4844		4846		6245		4945	
Ontario	5007		4849		4851		6250		4950	
Manitoba	5008		4854		4856		6255		4955	
Saskatchewan	5009		4859		4861		6260		4960	
Alberta	5010		4864		4866		6265		4965	
British Columbia	5011		4869		4871		6270		4970	
Yukon	5014		4874		4876		6275		4975	
Northwest Territories	5013		4879		4881		6280		4980	
Nunavut	5012		4884		4886		6285		4985	
Total	5015		4889		4891		6290		4990	

Should equal cell 5001, in this section (a)	Should equal cell 2098, Section E (j)	Should equal the sum of cells 3010 and 3040, Section G (b) + (c)	Should equal the sum of cells 6310 and 6311, Section H (a) + (b)	Should equal cell 4599, Section G (v)
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K - Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person		Title 0014	Date 0015 Year Month Day <input type="text"/> <input type="text"/> <input type="text"/>		
Name of person to contact for further information: 0026		0013	<input type="text"/>		
1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms		0054	First name <input type="text"/>		
			Last name <input type="text"/>		
E-mail address 0018		Web site address 0020			
Telephone number 0017		Extension number 0027	Fax number 0016		
How long did you spend collecting the data and completing this questionnaire?					
Hour(s) Minutes 9910 <input type="text"/> 9909 <input type="text"/>					

L - Comments

We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.

9920 _____

9913 _____

9914 _____

9915 _____

9916 _____

Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries.

As well, please visit our Web site at www.statcan.ca.

If you need help, please contact us at **1 888 881-3666**.