

Quarterly Survey of Telecommunications

1st Quarter 2010

This report covers the period from: month 1 2 0 1 0 to month 3 2 0 1 0

Respondent company		Correct as required	
Legal Name:		Legal Name:	
Operating Name:		Operating or Trade Name (if different from legal name):	
Contact Person:		Contact person responsible for this survey (please print clearly):	
Job Title:		Job Title:	
Street:		Street:	
City:		City:	
Province:	Postal Code:	Province:	Postal Code:
Telephone:	Fax:	Telephone:	Fax:
E-mail:	Website:	E-mail:	Website:

Information for Respondents

Survey Purpose

This survey collects financial and operating data for the statistical measurement and analysis of the telecommunications industry. These data will be aggregated to produce national estimates of activity by industry. Those estimates are used by government, the private sector, international telecommunications organizations, academics, analysts, and the general public to better understand this sector's role in the social and economic fabric of Canada.

Authority

This quarterly survey is conducted 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

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada. **Your answers are confidential.** Statistics Canada is prohibited by law from releasing any information it collects which could identify any person, business, or organization, unless consent has been given by the respondent or as permitted by the *Statistics Act*. The confidentiality provisions of the *Statistics Act* are not affected by either the Access to Information Act or any other legislation. Therefore, for example, the Canada Revenue Agency cannot access identifiable survey records from Statistics Canada. **Information from this survey will be used for statistical purposes only and will be published in aggregate form only.**

Data Sharing Agreements

To reduce response burden and to ensure more uniform statistics, Statistics Canada has entered into a data sharing agreement under section 12 of the *Statistics Act* to share information from all respondents with the Canadian Radio-television and Telecommunications Commission (CRTC).

Subsection 12(2) of the *Statistics Act* provides that where a respondent gives notice in writing to the Chief Statistician that the respondent objects to the sharing of the information by Statistics Canada, the information not be shared with the department or corporation unless the department or corporation is authorized by law to require the respondent to provide the information.

The CRTC is authorized by law to require the respondent to provide the information under section 37 of the *Telecommunications Act*. Information provided to the CRTC will be treated in accordance with the requirements of section 39 of the *Telecommunications Act*.

Record Linkages

To enhance the data from this survey, Statistics Canada may combine it with information from other surveys or from administrative sources.

Return Procedures

Please return the completed questionnaire(s) within **30 days** of receipt 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.

To reduce the chances of call-backs to verify data, **please record "N/A" for those items that are not relevant to your company.**

Detailed instructions and definitions of terms used in the questionnaire are found in the Reporting Guide.

Assistance

If you require assistance, please contact:

Jo Anne Lambert
Telephone: (613) 951-6673
Facsimile: (613) 951-9920
E-mail:
joanne.lambert@statcan.gc.ca

Heather Berrea
Telephone: (613) 951-8613
Facsimile: (613) 951-9920
E-mail:
heather.berrea@statcan.gc.ca

Thank you for your co-operation



Revenues (in \$000's for the quarter)

1. Telecommunications operating revenues

TOTAL (\$000's)

a.) Local and access (include basic local service, optional local features, contribution, equipment, and other local and access)			1
b.) Long distance (include settlement)			2
c.) Data			3
d.) Private line			4
e.) Internet			7
	Retail	Wholesale	
f.) Mobile and paging	8	9	10
g.) Broadcast distribution (basic and non-basic programming)			11
h.) Other operating revenues			12
Total operating revenues			13
			0

Network and subscribers (in thousands at quarter end)

2. Number of fixed network lines by market (Voice-grade equivalents) - Access dependent and independent

TOTAL (000's)

a.) Residential		14
b.) Business		15
c.) Wholesale		16
d.) Lines for internal use (OTS)		17
Total PSTN lines		18
		0.0

3. Number of mobile and paging subscriptions

TOTAL (000's)

a.) Retail (Residential and business)		22
b.) Wholesale		23
Total mobile and paging subscriptions		24
		0.0

4. Number of Internet subscriptions

TOTAL (000's)

a.) Dial-up		25
b.) High speed - Cable modem		26
c.) High speed - Digital subscriber line (DSL)		27
d.) High speed - Other		28
Total number of Internet subscriptions		29
		0.0

5. Number of multi-channel video services subscriptions

TOTAL (000's)

a.) By phone line		30
b.) By cable		31
c.) By satellite		32
d.) Other		33
Total multi-channel video services subscriptions		34
		0.0

Volume (in thousands at quarter end)

6. Long distance minutes - Fixed

	January	February	March	TOTAL (000's)
a.) Retail	35	36	37	38
b.) Wholesale	39	40	41	42
Total long distance minutes	0	0	0	0

Note: Please include Domestic, US, and International long distance minutes.

7. Number of short messaging service (SMS)

	TOTAL (000's)
a.) To mobile devices	47
b.) From mobile devices	48
Total number of short messaging service (SMS)	0

8. Mobile voice minutes

	TOTAL (000's)
a.) Toll minutes (Long distance)	50
b.) Non-toll minutes (Basic voice)	51
Total mobile voice minutes	0

Capital expenditures (in \$000's for the quarter)

	TOTAL (\$000's)
9. Capital expenditures	53

Remarks

FOR INFORMATION ONLY

Certification

Please print the name of the person responsible for this return:	Signature:	
	_____ I certify that the information provided in this report is complete and correct to the best of my knowledge.	
Position:	Phone no.:	Date: