



Transportation Division
Passenger Bus Survey
Quarterly Survey
Urban Transit Statistics
 Form F

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 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
 A. 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**.
 B. Under section 12 of the **Statistics Act** with the Newfoundland 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 research 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.
 C. 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 questionnaires 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.

Name	Address	011a
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reporting period

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

Start			End		
Year	Month	Day	Year	Month	Day
10	09	08	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: 1-877-667-6684 (toll free)
 Internet: dtta@statcan.ca

► **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.

PART 1 - Quarterly Revenues and Operating Statistics

	Revenue Vehicle Kilometres	Revenue Vehicle Hours	Revenue Passenger Trips	Revenue Earned (Omit cents)
Urban transit passenger service for all forms of public transit (e.g. bus, subway, light and heavy rail) excl. demand response services	100	102	104	106
Demand response services for people with physical disabilities	108	110	114	116
Charters, tours, sightseeing services	118	120	122	124
Intercity and rural	126	128	130	132
Contract services (school, etc.)	134	136	138	140
Other passenger service - Specify _____	142	144	146	148
Total passenger operations	150	152	154	156
Other operating revenues excluding subsidies (e.g. advertising) - Specify major items _____				158
Total operating revenue			(Lines 156 + 158)	160

PART 2 - Quarterly Statement of Expenses

	Omit cents
Wages and salaries (including benefits) - Operators	200
Repairs and maintenance expenses (including wages and salaries)	202
Energy expenses	204
Energy taxes	206
Depreciation	208
Other operating expenses	210
Total operating expenses	212
Interest and other non-operating expenses	214
Total quarterly expenses	(Lines 212 + 214) 216

PART 3 - Energy Consumed during the Quarter
(Exclude motor oil and fuel for heating)

Diesel fuel (litres)	300
Gasoline (litres)	302
Propane (cubic metres)	304
Natural gas (cubic metres)	306
Electricity (kilo-watt hours)	308

Certification

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 (Please print)		Signature		
	_____		X _____		
016	Telephone No. (Please include area code)	017	Facsimile No. (Please include area code)	018	Date (Day - Month - Year)
	_____		_____		_____

THANK YOU FOR YOUR COOPERATION