2010 NATIONAL CENSUS OF FERRY OPERATORS

WHO IS INCLUDED IN THE 2010 CENSUS OF FERRY OPERATORS

The geographic scope of the 2010 national census of ferry operations includes the U.S. and its possessions (i.e., the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the remaining territories, commonwealths and other political units of the U. S.). This includes political units that are an unincorporated territory of the U.S., maintain a Compact of Free Association with the U.S., or are a commonwealth associated with or in political union with the U.S. This currently includes the Marshall Islands, Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, American Samoa, and the United States Minor Outlying Islands including Baker Island, Howland Island, Jarvis Island, Johnston Atoll, Kingman Reef, Midway Islands, Navassa Island, Palmyra Atoll, and Wake Island. In addition to ferry operators providing domestic service within the U.S. and its possessions, operators providing services from locations in the U.S. and its possessions to and from a foreign country are also to be included.

WHO SHOULD COMPLETE THIS CENSUS QUESTIONNAIRE

The specific types of ferry operations to be included within the scope of this census are those providing itinerant, fixed route, common carrier passenger and/or vehicle roll-on, roll-off (RoRo) ferry service as well as railroad car float operations. More specifically, the following types of operations should complete the census questionnaire:

- Ferry or water taxi operations that have fixed routes between two or more different ports of call.
- Ferry or water taxi operations that provide service on a fixed schedule or on demand within a fixed window of time.
- Common Carriers (e.g. for-hire carriers) who serve the general public at reasonable rates and without discrimination.
- Railroad car float operations that utilize a tug and barge combination having two to three parallel tracks, onto which rail cars are rolled for transit across a body of water.

WHO SHOULD <u>NOT</u> COMPLETE THIS CENSUS QUESTIONNAIRE

The following types of operations will not be included in the National Census of Ferry Operators:

- Non-itinerant ferry operations (e.g., "cruise-to-nowhere" services).
- Excursion services (e.g., whale watches, casino boats, day/dinner cruises, etc.).
- Passenger only water taxi services not operating on a fixed route.
- LoLo (Lift-on/Lift-off) freight/auto carrier services.
- Long distance passenger only cruise ship services.

If you are not sure whether your operation should not be included in the census, please contact the U.S. Department of Transportation, Bureau of Transportation Statistics, at 1-800-853-1351 or email Ferry@dot.gov.

IMPORTANT: CHANGES TO THE CENSUS QUESTIONNAIRE

For your convenience, many of the data fields in this questionnaire have been pre-filled with information provided in previous years. Some questions have been revised or added and thus may not contain pre-filled data.

Please check any pre-filled data carefully to ensure it accurately reflects your operation during the 2009 calendar year. If any of the pre-filled data is incorrect, make the necessary corrections in the space provided or cross out old information and use blank lines to add new information.

Where data fields are blank, please add information as appropriate to reflect your ferry operation in calendar year 2009. You may attach additional sheets where necessary to include additional information.

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1. **Please ensure that the information below is complete and correct. If the information on a line is correct, simply check the box and move to the next line. If not, please use the space at right to add or correct the information.**

Information	Correct	Additions / Corrections
Company Name:	☐	
Address 1:	☐	
Address 2:	☐	
City, State, ZIP:	☐	
Company Web Site:	☐	
Contact Person #1:	☐	
Telephone #1:	☐	
Fax #1:	☐	
E-mail Address #1:	☐	

1. **(Continued) Please ensure that the information below is complete and correct. If the information on a line is correct, simply check the box and move to the next line. If not, please use the space at right to add or correct the information.**

Information	Correct	Additions / Corrections
Contact Person #2:	☐	
Telephone #2:	☐	
Fax #2:	☐	
E-mail Address #2:	☐	

2. **Is your ferry operation publicly or privately OWNED?**

☐ Privately owned

☐ Publicly owned

3. **Is your ferry operation publicly or privately OPERATED?**

☐ Privately operated

☐ Publicly operated

4. **Please indicate the percentage of your operation's annual revenues for calendar year 2009 that came from each of the following sources?** *(Allocations must add up to 100%).*

Individually purchased tickets or fares (including fare cards) ⬚ %

Payments from private contracts (charters, concessions, etc) ⬚ %

Payments from advertising contracts ⬚ %

Payments from contracts with public agencies ⬚ %

Direct Public Funding (only if publicly owned & operated) ⬚ %

5. **Are your rates, fares, or tariffs regulated by a governing body, a government agency or state or local legislation?**

☐ No

☐ Yes – *please specify:*

6. Please add, delete or modify the information below to accurately reflect the ferry vessels in your fleet during calendar year 2009, including any unpowered barges and powered tugs used for ferry service. Vehicle capacity should be listed as the number of cars that each vessel can carry, assuming all cars are 20 feet long.

Vessel Name	USCG Vessel Number	Vessel in service in 2009	Vessel Cargo Type (Please check al that apply)			Vessel Capacity Passengers	Vehicles
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		
		☐ Yes ☐ No	☐ Passengers	☐ Vehicles	☐ Freight		

7. Please add, delete or modify the information below to accurately reflect fuel type and the typical operating speed (in knots) of each of the vessels in your operation. If you had any ferry vessels in calendar year 2009 that are not listed, please enter the information for those ferry vessels in the blank lines below. Please attach additional sheets, if needed.

Vessel Name	Fuel Type *(please mark only one – CNG = Compressed Natural Gas)*					Typical Operating Speed
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)
☐	☐ Diesel	☐ Gas	☐ CNG	☐ Electric	☐ Other: ☐	☐ (knots)

8. Please add, delete or modify the information below to accurately reflect the name and location (city and state or province) of each ferry terminal served by your operation in calendar year 2009. Place a mark in the box below each mode of access that is <u>within in one block walking distance of the terminal</u>.

Terminal Name	City	State/Province	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
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			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

9. Please add, delete or modify the information below to accurately reflect individual route segments served by your operation during calendar year 2009. Please include the name of the departure and arrival terminals, the segment length, the time to travel the segment and the start and end dates during which the route segment was served.

Departure Terminal	Arrival Terminal	Segment Length (Nautical Miles)	Travel Time hh:mm	Season Start Month	Day	Season End Month	Day
			:		/		/
			:		/		/
			:		/		/
			:		/		/
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10. **Please write the average number of trips per day for each route segment served by your operation during calendar year 2009 in the boxes below.**

Departure Terminal	Arrival Terminal	Average Number of Trips Per Day 2009						
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat

11. Please indicate the yearly total and average daily number of passenger and vehicle boardings for each route segment served by your operation during 2009.

Departure Terminal	Arrival Terminal	Total Boardings 2009		Average Daily Boardings 2009	
		Passengers	Vehicles	Passengers	Vehicles

12. Please place an X in boxes below to indicate months that comprise the peak season for each route segment during calendar year 2009.

Departure Terminal	Arrival Terminal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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13. Please place an X in boxes below to indicate days of the week where each route segment typically experienced surges in ridership during the calendar year 2009, and write in the average number of passenger and vehicle boardings during these surges.

Departure Terminal	Arrival Terminal	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Average Boardings Passengers	vehicles
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
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		☐	☐	☐	☐	☐	☐	☐		

14. If applicable, please indicate time periods during <u>weekdays</u> when route segments routinely experienced surges in ridership during calendar year 2009 (for example, a morning or evening rush hour), and the average number of passenger and vehicle boardings for each period.

Departure Terminal	Arrival Terminal	Weekday AM Peak Period				Weekday PM Peak Period			
		Time (hh:mm)		Boardings		Time (hh:mm)		Boardings	
		Start	End	people	autos	Start	End	people	autos
		:	:			:	:		
		:	:			:	:		
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15. If applicable, please indicate time periods during <u>weekends</u> when route segments routinely experienced surges in ridership during calendar year 2009 (for example, a morning or evening rush hour), and the average number of passenger and vehicle boardings for each period.

Departure Terminal	Arrival Terminal	Saturday Peak Period				Sunday Peak Period			
		Time (hh:mm)		Boardings		Time (hh:mm)		Boardings	
		Start	End	people	autos	Start	End	people	autos
		:	:			:	:		
		:	:			:	:		
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		:	:			:	:		

16. If any of the terminal buildings used by your operation are also used by other companies, please give the name of the terminal, the name of the other companies, and the purpose for which they use the terminal building.

Terminal		Name(s) of other companies using terminal		Purpose
	1 2 3		1 2 3	
	1 2 3		1 2 3	
	1 2 3		1 2 3	
	1 2 3		1 2 3	
	1 2 3		1 2 3	
	1 2 3		1 2 3	
	1 2 3		1 2 3	

17. If there are items in this questionnaire that you believe ask for business-sensitive information, please list the item number(s) and a brief description of the sensitive information in the box below. (Please note: Information that you release to the public on a routine basis generally does not qualify as business-sensitive information).

Thank you for completing the 2010 NCFO questionnaire!