

Green Goods and Services Survey



O.M.B. No. 1220-xxxx
Expires Month Day Year

Please return this form **within 14 days**. If you need help completing this form, contact information is listed on the last page. Thank you!

Please report for location(s) in [redacted] using Unemployment Insurance account # [redacted]

1 What is the address where your business is physically located?
Report data for the location below. If this address is no longer correct, please provide us with an updated address in the space provided.

Enter Physical Location Address Corrections

Here
XYZ ADVISORS
4TH FLOOR
1310 SILVER STREET
SOMECITY WD 12345-6789

2 Have we identified your main business activity correctly?
We have listed below a description of your main business activity at this location. If this description is incorrect, please call XXX-XXX-XXXX or email GGS@bls.gov.

NAICS code: 484110 General freight trucking, local	
We have identified your main business activity as the following:	Does NOT include:
Establishments primarily engaged in: • Local general freight trucking These establishments: • Handle a wide variety of commodities, generally palletized and transported in a container or van trailer • Usually provide trucking within a metropolitan area which may cross state lines • Generally make the trips in same-day	<ul style="list-style-type: none"> • Operating independent trucking terminals • Providing general freight long-distance trucking including all North American international travel

3 What is your business's fiscal year?
Please provide us with your fiscal year that includes **the month of June 2010**.

Start of Fiscal Year			End of Fiscal Year		
MM	DD	YYYY	MM	DD	YYY Y

4 What percent of your fleet operates using specific fuel types or technology?

In Column 1, please estimate the percent of your fleet at the location listed in Item 1 that operates using the following fuel types or technologies. Only vehicles that use the listed fuel types **for 100% of their trips** should be included. Please report these estimates for your fiscal year listed in Item 3.

Note: This section may best be completed by someone at your firm with access to detailed fleet information.

Percent of fleet in operation for Fiscal Year listed in Item 3

1 Percent of fleet using this fuel type or technology	2 Fuel types or technology
	Biofuels
	E85 fuel
	Hybrid technology

5 What is your percent revenue from specific cargo type?

In Columns 1 and 3, please estimate the percent of your total revenue that comes from transportation of the renewable energy products shown in the table below for the location listed in Item 1. Please base your estimate on total revenues for the fiscal year listed in Item 3. The sum of Column 1 may not equal 100%.

Note: This section may best be completed by someone at your firm with access to financial data.

Percent of Revenue for Fiscal Year listed in Item 3

1 Percent of total revenue for your fiscal year	2 Cargo type
	Transporting wind turbine blades (65 feet long or greater)
	Transporting wind turbine towers (60 feet tall or greater)

6 What is your contact information? For the person or persons who helped complete this form.

- Contact 1's name: _____
 Title: _____
 Phone number: (____) _____ - _____ email: _____
 Business website: _____
- Contact 2's name: _____
 Title: _____
 Phone number: (____) _____ - _____ email: _____

7 Do you have any questions about completing this form?
Please send email to GGs@bls.gov, or call (202)-691-XXXX.

Confidentiality Statement. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law 29 U.S.C.2. **Paperwork Reduction Act Statement.** Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that completing this form will take an average of 20 minutes. This estimate takes into account time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing

and reviewing the information. If you have any comments regarding this survey, including suggestions for reducing the burden, send them to the Bureau of Labor Statistics, Office of Industry Employment Statistics, Paperwork Reduction Project, 2 Massachusetts Avenue, N.E., Room 4840, Washington, DC 20212. The OMB control number for this voluntary survey is 1220-NEW and expires on month day, year. Without a currently valid number BLS would not be able to conduct this survey.