



2013 NATIONAL CENSUS OF FERRY OPERATORS



RITA

RESEARCH AND INNOVATIVE TECHNOLOGY ADMINISTRATION

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BUREAU OF TRANSPORTATION STATISTICS

WHO IS INCLUDED IN THE 2010 CENSUS OF FERRY OPERATORS

The geographic scope of the 2013 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 NOT 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.

The Bureau of Transportation Statistics is conducting a nationwide survey of ferry boat operators for the US Department of Transportation. The information we collect from this survey will only be used for statistical purposes and federal funding administered by the Federal Highway administration. This census is authorized by law (Public Law 112-141, section 1121(b)). Your company’s participation in this census is strictly voluntary. By law (5 United States Code 552(b)(4)), any confidential business information we may collect will be kept confidential. While this data may be shared with the Federal Highway Administration to determine funding allocations, it will not be made public or shared outside of the U.S. Department of Transportation. Under federal law (18 United States Code 1905), employees and contractors working on this census are subject to penalties if they make public ANY information that could reveal confidential business information. At the end of this census questionnaire, we ask that you identify any information that you consider confidential business information. Please note that information which your business releases to the public on a routine basis or is in the public domain, generally, does not qualify as confidential business information. The Paperwork Reduction Act of 1995 states that no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this survey is XXXX-XXXX. If you have questions or comments about this survey, please call 1-800-853-1351 or email Ferry@dot.gov.

IMPORTANT: CHANGES TO THE CENSUS QUESTIONNAIRE

The information provided here will be used by the Federal Highway Administration (FHWA) for funding allocation purposes as outlined by the funding formulas listed in MAP-21 (Public Law 112-141, section 1121(b)). A failure to provide complete and accurate information may result in a loss of eligible federal funds.

Please check any pre-filled data carefully to ensure it accurately reflects your operation during the 2012 calendar year. If any of the pre-filled data is incorrect, please cross it out and use blank lines to add new information. Please add notes and/or additional sheets as needed to clarify any changes. Preprinted brochures, schedules, etc., may not be substituted for responses to the items on this census form.

Where data fields are blank, please add information as appropriate to reflect your ferry operation in calendar year 2012. You may attach additional sheets where necessary to include additional information.

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:	<input type="checkbox"/>	<input type="text"/>
Address 1:	<input type="checkbox"/>	<input type="text"/>
Address 2:	<input type="checkbox"/>	<input type="text"/>
City, State, ZIP:	<input type="checkbox"/>	<input type="text"/>
Company Web Site:	<input type="checkbox"/>	<input type="text"/>
Contact Person #1:	<input type="checkbox"/>	<input type="text"/>
Telephone #1:	<input type="checkbox"/>	<input type="text"/>

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	Correc t	Additions / Corrections
Contact Person #2:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Telephone #2:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Fax #2:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
E-mail Address #2:	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

2. Are you completing this census on behalf of a federal, state or local government agency?

No

Yes

3. Please indicate the percentage of your operation's annual revenues for calendar year 2012 that came from each of the following sources? (Allocations must add up to 100%).

Individually purchased tickets or fares (including fare cards)	<input style="width: 100%; height: 20px;" type="text"/>	%
Payments from private contracts (charters, concessions, etc)	<input style="width: 100%; height: 20px;" type="text"/>	%
Payments from advertising contracts	<input style="width: 100%; height: 20px;" type="text"/>	%
Payments from contracts with public agencies	<input style="width: 100%; height: 20px;" type="text"/>	%
Public Funding (grants, etc.): Federal	<input style="width: 100%; height: 20px;" type="text"/>	%
Public funding (grants, etc.): State	<input style="width: 100%; height: 20px;" type="text"/>	%
Public funding (grants, etc.): Local	<input style="width: 100%; height: 20px;" type="text"/>	%

4. Please list each vessel in your fleet during calendar year 2012 (include unpowered barges and powered tugs used for ferry service). For each vessel, please include the vessel number, whether or not it was in service, cargo type, and passenger (not including crew), and vehicle carrying capacity. Vehicle capacity is 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 2012		Vessel Cargo Type <i>(Please check all that apply)</i>			Vessel Capacity	
							Passengers	Vehicles
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passengers	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Freight	<input type="text"/>	<input type="text"/>

5. For each vessel in your fleet during calendar year 2012, please indicate whether the vessel was publicly or privately owned and/or operated. For vessels that are both publicly and privately owned, please mark both boxes. If publicly owned or operated (in whole or in part), please list the name of the public owner and/or operator.

Vessel Name	Ownership			Operation						
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public:	<input type="text"/>

<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>	<input type="checkbox"/> Private	<input type="checkbox"/> Public:	<input type="text"/>

6. For each vessel in your fleet during calendar year 2012, please list the fuel type and the typical fuel mileage (mpg). If you had any ferry vessels in calendar year 2012 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)						Fuel Mileage
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<input type="checkbox"/> CNG	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>

* Please state whether or not the vessel complies with 49 CFR 39 - transportation for individuals with disabilities: passenger vessels.
The rule may be found online here: https://www.civilrights.dot.gov/sites/default/files/uploads/documents/July2010final_Accessible.pdf .



9. For each Terminal served by your fleet during calendar year 2012, please indicate whether the terminal was publicly or privately owned and/or operated. For terminals that are both publicly and privately owned, please mark both boxes. If publicly owned or operated (in whole or in part), please list the name of the public owner and/or operator.

Terminal Name	Ownership			Operation				
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>	<input type="checkbox"/>	Private	<input type="checkbox"/>	Public: <input type="text"/>

15. Please list the source of any public funding received in calendar year 2012. Indicate the type of agency from which the funding was received (federal, state or local), the name of the agency and the funding program.

Agency Type			Agency Name	Program Name
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local		

16. Please indicate whether either of the following census items required you to provide business-sensitive information? If an item is marked as being business sensitive, please give a brief description as to the nature of the sensitivity. (Please note: Information that you release to the public on a routine basis generally does not qualify as business-sensitive information).

Item 13 Reason:

Item 14 Reason:



Thank you for completing the 2013 NCFO questionnaire!