

# ***2018 NATIONAL CENSUS OF FERRY OPERATORS***



**Ferry@dot.gov**



U.S. Department of Transportation  
**Bureau of Transportation Statistics**

Ferry Operator ID: 000

## **WHO IS INCLUDED IN THE 2018 CENSUS OF FERRY OPERATORS?**

The geographic scope of the 2018 National Census of Ferry Operators 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. 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](mailto:Ferry@dot.gov).

## WHY THIS DATA IS BEING COLLECTED

The Bureau of Transportation Statistics is conducting a nationwide survey of ferry boat operators for the U.S. Department of Transportation. This census is authorized by law [Fixing America's Surface Transportation Act (P.L. 114-94, sec. 1112)] that requires BTS to maintain a database of existing ferry operations across the United States. The Federal Highway Administration also uses the data collected on passengers, vehicles, and route miles to set the specific formula for allocating federal ferry funds (23 USC 147(d)). 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 and 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 2139-0009 (Expires xx/xx/xxxx). If you have questions or comments about this survey, please call 1-800-853-1351 or email [Ferry@dot.gov](mailto:Ferry@dot.gov).

## USES OF THE SURVEY DATA FOR FUNDING PURPOSES

Information provided on passengers, vehicles, and route miles will be used by the United States Department of Transportation's Federal Highway Administration (FHWA) for funding allocation purposes as outlined by the funding formula described in 23 USC 147(d).

### IMPORTANT RESPONDENT INFORMATION

- All information reported should reflect only your **calendar year 2017 ferry operations**
- **Preprinted brochures, schedules, etc. may not be substituted for responses to the items on this census form**
- **Unique operational information has been preprinted on each individual questionnaire for operators who have responded in recent years. If you had any ferry vessels, terminals, and/or route segments in calendar year 2015 that are not preprinted on your questionnaire, please enter the information for those in the blank lines provided. If any pre-printed information is no longer valid for your operation, please update or cross out.**
- If you need assistance, please call 1-800-853-1351 or email [Ferry@dot.gov](mailto:Ferry@dot.gov)

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# 2018 National Census of Ferry Operators

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 additional space within each line to add or correct the information.

Information	Correct
Company Name:	<input type="checkbox"/>
Address 1:	<input type="checkbox"/>
Address 2:	<input type="checkbox"/>
City, State, ZIP:	<input type="checkbox"/>
Company Web Site:	<input type="checkbox"/>
Contact #1 Name:	<input type="checkbox"/>
Telephone #1:	<input type="checkbox"/>
Fax #1:	<input type="checkbox"/>
E-mail Address #1:	<input type="checkbox"/>
Contact Person #2:	<input type="checkbox"/>
Telephone #2:	<input type="checkbox"/>
E-mail Address #2:	<input type="checkbox"/>

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

Yes

No

3. Please indicate the percentage of your operation's annual revenues for calendar year 2017 that came from each of the following sources.  
(Percentages 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  %

Public funding (grants, etc.): Federal  %

Public funding (grants, etc.): State  %

Public funding (grants, etc.): Local  %

**Total**  %

4. Please list each vessel in your fleet during calendar year 2017 (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 in 2017, 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).

		Please complete these boxes for each vessel listed on the left						
Vessel Name	USCG Vessel Number	Vessel in-service		Vessel Cargo Type (Check all that apply)			Vessel Capacity	
		Yes	No	Passenger	Vehicle	Freight	Passengers	Vehicles
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

\*If you had any vessels that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

5. For each vessel in your fleet during calendar year 2017, please indicate whether the vessel was publically 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.

**Please complete these boxes for each vessel listed on the left**

Ownership

Operation

Vessel Name

Public

Private

Public Owner Name

Public

Private

Public Operator Name




























































































\*If you had any vessels that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.



6. For each vessel in your fleet during calendar year 2017, please list the fuel type and the typical fuel mileage (gallons per hour). If you had any ferry vessels in calendar year 2017 that are not listed, please enter the information for those ferry vessels in the blank lines provided. Please attach additional sheets, if needed.

**Please complete these boxes for each vessel listed on the left**

Vessel Name

Fuel Type (mark only one)

Note: LNG = Liquefied Natural Gas

Fuel Mileage  
(Gallons Per Hour)

Diesel Gas LNG Electric Other (please describe)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

\*If you had any vessels that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

7. For each vessel in your fleet during calendar year 2017, please state the lifespan of the vessel, the year the vessel was built, the number of nautical miles the vessel traveled in 2017, denote an X in the box if it is ADA accessible, and state the typical operating speed of the vessel.

Vessel Name	Please complete these boxes for each vessel listed on the left				
	Lifespan (in years)	Year Built	Distance Traveled (in nautical miles)	ADA	Operating Speed (in knots)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

\*If you had any vessels that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

8. Please list each ferry terminal served by your operation in calendar year 2017. Include the name and location (city and state or province) of each ferry terminal served and place a mark in the box below each mode of access that is within one block walking distance of the terminal (i.e., within 100 yards, or about the length of a football field)

Terminal	Location		Mode (mark all applicable)				
Name	City	State/ Province	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had any terminals that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

9. For each ferry terminal served by your fleet during calendar year 2017, please mark if the terminal was owned and operated either publically or privately. If a terminal is both publically and privately owned and/or operated, please mark both boxes. If the public box was marked, please include the public owner and/or operator name.

Terminal Name	Ownership			Operation		
	Public	Private	Public Owner Name	Public	Private	Public Operator Name
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

If you had any terminals that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

10. Please list the individual route segments served by your ferry operation in the calendar year 2017. Individual route segments are defined by the direct (one-way) travel between two ferry terminals without stops. A given ferry route may be made up of multiple segments. Please list each segment separately, including the name of the departure and arrival terminals, the segment length, the segment travel time, the start and end dates during which the individual route segment was served. If a particular segment operates year around, the *All Year* box can be checked in lieu of filling in the season start and end dates.

		Please complete these boxes for each segment listed on the left						
Departure Terminal	Arrival Terminal	Segment Length (Nautical Miles)	Travel Time (hh:mm)	Season Start		Season End		All Year
				MM	DD	MM	DD	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If you had any route segments that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

11. For each route segment, please indicate whether the fares are regulated (set) by a public agency for calendar year 2017. If the fares are regulated, please include the name of the agency.

Departure Terminal	Arrival Terminal	Fares Regulated		Regulating Agency
		Yes	No	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you had any route segments that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

12. For each route segment, please list the name of the vessel(s) most often used to serve the segment in calendar year 2017. For segments where multiple vessels are used, please list them in order of frequency (i.e., the most frequently used vessel first).

Departure Terminal	Arrival Terminal	Vessel(s) Most Often Used in Calendar Year 2017		
		Vessel 1	Vessel 2	Vessel 3

If you had any route segments that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.

13. Please indicate the 2017 calendar year total and 2017 daily average of UNIQUE passenger/bicycle and vehicle boardings for each individual route segment. Report only unique segment boardings (i.e., not those already on board from a previous segment). Please list the total number of occupants in each vehicle in your passenger counts to avoid underreporting.

Departure Terminal	Arrival Terminal	Total Calendar Year Boardings		Average Daily Boardings	
		Passengers	Vehicles	Passengers	Vehicles

If you had any route segments that are not listed, please enter them in the blank lines provided. Please attach additional sheets, if needed.



14. Please list the source of any public funding received in calendar year 2017. Indicate the type of agency from which the funding was received (federal, state, or local), the name of the agency, and the funding program.

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

15. Please indicate whether Item 13 or Item 14 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	<input type="checkbox"/>	Description :	<input type="text"/>
Other	<input type="checkbox"/>	Description :	<input type="text"/>

**Please return this survey in the enclosed envelope or send to:**  
**Janine McFadden, US Department of Transportation**  
**1200 New Jersey Avenue SE, RTS-32, Room E34-411, Washington, D.C. 20590**  
*Thank you for completing the 2017 NCFO!*

