

2013 NATIONAL CENSUS OF FERRY OPERATORS





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.

Fax #1:		
E-mail Address #1:		

1.	(Continued) Please ensure that the information be correct, simply check the box and move to the nex the information.			
	Information		Correc	Additions / Corrections
	Contact Person #2:			
	Telephone #2:			
	Fax #2:			
	E-mail Address #2:			
2.	Are you completing this census on behalf of a feder	ral, state or local	l governme	ent agency?
	No No			
	Yes			
	Please indicate the percentage of your operation's the following sources? (Allocations must add up to		for calend	ar year 2012 that came from each of
	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		%	

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. USCG **Vessel Capacity** Vessel in service Vessel Cargo Type Vessel Name Vessel Passenger (Please check all that apply) in 2012 Number **Vehicles** S Passenger Freigh Ye Vehicle No Passenger Vehicle Ye Freigh No S Passenger Vehicle Freigh Ye No Passenger Freigh Ye Vehicle No Passenger Freigh Vehicle Ye No t S Passenger Vehicle Freigh Ye No Passenger Freigh Vehicle Ye No Passenger Freigh Ye Vehicle No Passenger Freigh Ye Vehicle No Passenger Freigh Vehicle Ye No Passenger Vehicle Freigh Ye No Passenger Freigh Vehicle Ye No s t s S

	Ye s No	Passenger s	Vehicle s	Freigh t	
	Ye No	Passenger s	Vehicle s	Freigh t	
	Ye No	Passenger s	Vehicle s	Freigh t	
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privately owned and	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			Oı	wnership			Ope	ration			
		Private	Publi c:			Privat e	Publi c:				
		Private	Publi c:			Privat e	Publi c:				
		Private	Publi c:			Privat e	Publi c:				
		Private	Publi c:			Privat e	Publi c:				
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		Private		Publi c:									Privat e		Publi c:					
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		Private		Publi c:									Privat e		Publi c:					
		Private		Publi c:									Privat e		Publi c:					
6. For each vessel in the contract of the cont	any f	erry vess	sels	in cal	end	lar ye	ar 20	012 th	nat	are not	t lis	ited	i, plea	ase	enter	pica the i	l fue infor	l mi mat	leage ion 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											/									
Vessel Name		Fu	el Ty	ype <i>(pl</i>	ease	e mark	k only	one -	CN	G = Coi	mpr	ress	ed Na	tura	l Gas)				Fuel Mileage	
Vessel Name		Fu Diesel	el Ty	ype <i>(pl</i> Gas		e mark		lectri	CN	G = Cor	mpr	ress	sed Na	tura	l Gas)					
Vessel Name			el Ty			Г	EI	lectri	· CN		mpr	ress	sed Na	tura	l Gas)					
Vessel Name		Diesel	el Ty	Gas		CNG	EI C	lectri	CN	Other:	mpr	ress	sed Na	tura	l Gas)					
Vessel Name		Diesel	el Ty	Gas Gas		CNG [EI C EI C C	lectri	CN	Other:	mpr	ress	sed Na	tura	l Gas)					
Vessel Name		Diesel Diesel Diesel	el Ty	Gas Gas Gas		CNG CNG	El c El c El c C	lectri [lectri [lectri [· CN	Other: Other:	mpr	ress	sed Na	tura	l Gas)					
Vessel Name		Diesel Diesel Diesel Diesel	el Ty	Gas Gas Gas		CNG CNG CNG	El c El c El c C	lectri [lectri	· CN	Other: Other: Other:	mpr	ress	sed Na	tura	l Gas)					
Vessel Name		Diesel Diesel Diesel Diesel	el Ty	Gas Gas Gas Gas		CNG [CNG [CNG [CNG [El c El c El c El c C	lectri le	· CN	Other: Other: Other: Other:	mpr	ress	sed Na	tura	l Gas)					

Diesel Gas CNG Electri C Other:	
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Diesel Gas CNG Electri C Other:	

Please also indic	n your fleet during ca cate the expected life puilt, the number of n	span (in hours) s	since last rebuil	t, the number of hou	ADA accessible. Irs the vessel has been pical operating speed
Vessel Name	ADA Accessible *	Lifespan	Hours	2012 Miles	Typical Operating Speed
					(knots)
					(



8. Please list each ferry terminal served by your operation in calendar year 2012. 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 football field). Location Terminal Intercity Local Intercity Local **Parking** State/ Bus Bus Rail Rail Name City Province

publicly or privately	•											
Terminal Name		Ownership		Operation								
	Private	Publi c:		Privat e	Publi c:							
	Private	Publi c:		Privat e	Publi c:							
	Private	Publi c:		Privat e	Publi c:							
	Private	Publi c:		Privat e	Publi c:							
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	Private P	Publi ::		Privat Publi c:	
	Private P	Publi ::		Privat Publi c:	
	Private P	Publi ::		Privat Publi c:	
	Private P	Publi ::		Privat Publi c:	
route may be made departure and arriv	e up of multiple se al terminals, the	lirect distance betweer egments. Please list ea segment length, the ti ute segment was serve	nch segment segme to travel the ed.	parately, including	g the name of the
Departure Terminal	Arrival Termin	Segment Length	Travel Time	Season Start Mont	Season End Mont
		(Nautical Miles)	hh:mm	h Day	h Day
				/	
				, ,	
				, ,	
				1	,



Departure Terminal	Arrival Terminal	Fares Regulat	ted	Regulating Agency
		No	Yes	

12. For each individual route segment, please list the name of the vessel(s) most often used to serve the segment. For segments where multiple vessels are used, please list them in order of frequency (i.e., most frequently used vessel first). Vessel Most Often Used **Departure Terminal Arrival Terminal** Vessel 1 Vessel 2 Vessel 3

13. Please list the name of the departure and arrival terminals for each individual route segment served by your operation during calendar year 2012, followed by the average number of trips per day for that segment in the boxes below.

Departure Terminal	Arrival Terminal			Average Nu		s Per Day 20		
Departure reminar	7 ii ii vai Terminai	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

14. Please indicate the yearly total and average daily number of UNIQUE passenger and vehicle boardings for each individual route segment served during the calendar year 2012. Do not include carry over passengers when computing unique boardings (i.e., those already on board from a previous segment), or crew members. Please be sure to list the occupants of vehicles in your passenger counts. Failure to list vehicle occupants will result in underreporting passenger counts. **Total Boardings 2012** Average Daily Boardings 2012 **Departure Terminal Arrival Terminal** Vehicles Vehicles **Passengers** Passengers

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
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	Local		
Fe	ederal	Stat e	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!