2020 National Census of Ferry Operators

ferry@dot.gov

U.S. Department of Transportation
Bureau of Transportation Statistics

WHO IS INCLUDED IN THE 2020 CENSUS OF FERRY OPERATORS?

The geographic scope of the 2020 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.

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.

PAPERWORK REDUCTION ACT - PUBLIC BURDEN

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 09/30/2019). The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather data needed, and complete and review the information. If you have questions or comments about this estimate, or the survey, please call 1-800-853-1351 or email 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 **2019** ferry operations*
- *Preprinted brochures, schedules, etc. may not be substituted for responses to the items on this census form*
- *A combination of web-based and paper questionnaires are being utilized for the 2020 census*
- *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 2019 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.*
- *Please attach additional sheets, if needed. You may photocopy the sheet provided here, or print blank copies from the National Census of Ferry Operators webpage: https://www.rita.dot.gov/bts/sites/rita.dot.gov.bts/files/subject_areas/ncfo/ncfo_2019_questionnaire.html*
- *If you need assistance, please call 1-800-853-1351 or email ferry @dot.gov*

THIS PAGE IS INTENTIONALLY LEFT BLANK

1. Please ensure that the information below is complete and correct. If the information is not correct, please update it where necessary.

Operator ID Number

Company | Operator Name:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip Code:	
Company Website:	
Company Telephone:	
Primary Contact Name:	
Primary Contact Email:	
Primary Contact Phone:	
Secondary Contact Name:	
Secondary Contact Email:	
Secondary Contact Phone:	
Survey Respondent Name: *(Person representing the organization for this survey)*	

Is this operation under contract for any of the ferry routes that are currently being serviced? Yes ○ No ○

IF YES to the above, Name of Company contracted to operate:

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

- ○ Yes
- ○ No

3. Operational Trip Purpose(s)- Please Check All that Apply

- ○ Commuter Transit
- ○ Pleasure
- ○ Lifeline Service (Service to islands with no connectors to mainland other than by boat)
- ○ Roadway Connector
- ○ National Park Service Access
- ○ Emergency Service
- ○ Other _____

4. Please indicate the percentage of your operation's annual revenues for calendar year 2019 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
- _____ %: Other funding

5. Please list each vessel in your fleet during calendar year 2019 (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 2019, 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 (for your operation)	Vessel Cargo Type *(Check All that Apply)*	Passanger Capacity	Vehicle Capacity
1			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
2			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
3			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
4			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
5			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
6			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
7			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
8			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
9			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
10			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
11			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
12			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
13			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
14			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
15			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
16			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
17			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
18			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
19			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
20			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
21			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
22			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
23			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
24			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		
25			YES ○ NO ○	Passenger ○ Vehicles ○ Freight ○		

6. For each vessel in your fleet during calendar year 2019, please indicate whether the vessel was publically or privately owned and/ or operated. If publicly owned or operated (in whole or in part), please list the name of the public owner and/or operator.

	Vessel Name:	Vessel Ownership Status	Vessel Operations Status	*IF OWNERSHIP or OPERATIONS are PUBLIC OR BOTH- Please provide additional information:* Public Ownership Name	Public Operator Name
1		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
2		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
3		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
4		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
5		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
6		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
7		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
8		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
9		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
10		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
11		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
12		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
13		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
14		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
15		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
16		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
17		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
18		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
19		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
20		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
21		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
22		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
23		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
24		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
25		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		

7. For each vessel in your fleet during calendar year 2019, please list the fuel type and the typical fuel mileage (gallons per hour).

	Vessel Name:	Fuel Type Used	IF OTHER- Please Specify	Fuel Mileage in Gallons/Hour
1		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
2		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
3		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
4		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
5		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
6		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
7		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
8		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
9		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
10		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
11		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
12		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
13		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
14		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
15		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
16		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
17		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
18		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
19		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
20		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
21		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
22		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
23		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
24		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		
25		Diesel ○ Gasoline ○ Liquefied Natural Gas (LNG) ○ Electric ○ Barge (No Fuel) ○ Other		

8. For each vessel in your fleet during calendar year 2019, please denote if it is accessible to persons with disabilities, state the year the vessel was built, the lifespan of the vessel, the number of nautical miles the vessel traveled in 2019, as well as the typical operating speed of the vessel.

	Vessel Name:	Accessible to Persons with Disabilities?		Year Built	Expected Lifespan (in Years)	Distance Traveled in 2019			Operating Speed (Knots)
1		YES ○	NO ○				Feet ○	Nautical Miles ○	
2		YES ○	NO ○				Feet ○	Nautical Miles ○	
3		YES ○	NO ○				Feet ○	Nautical Miles ○	
4		YES ○	NO ○				Feet ○	Nautical Miles ○	
5		YES ○	NO ○				Feet ○	Nautical Miles ○	
6		YES ○	NO ○				Feet ○	Nautical Miles ○	
7		YES ○	NO ○				Feet ○	Nautical Miles ○	
8		YES ○	NO ○				Feet ○	Nautical Miles ○	
9		YES ○	NO ○				Feet ○	Nautical Miles ○	
10		YES ○	NO ○				Feet ○	Nautical Miles ○	
11		YES ○	NO ○				Feet ○	Nautical Miles ○	
12		YES ○	NO ○				Feet ○	Nautical Miles ○	
13		YES ○	NO ○				Feet ○	Nautical Miles ○	
14		YES ○	NO ○				Feet ○	Nautical Miles ○	
15		YES ○	NO ○				Feet ○	Nautical Miles ○	
16		YES ○	NO ○				Feet ○	Nautical Miles ○	
17		YES ○	NO ○				Feet ○	Nautical Miles ○	
18		YES ○	NO ○				Feet ○	Nautical Miles ○	
19		YES ○	NO ○				Feet ○	Nautical Miles ○	
20		YES ○	NO ○				Feet ○	Nautical Miles ○	
21		YES ○	NO ○				Feet ○	Nautical Miles ○	
22		YES ○	NO ○				Feet ○	Nautical Miles ○	
23		YES ○	NO ○				Feet ○	Nautical Miles ○	
24		YES ○	NO ○				Feet ○	Nautical Miles ○	
25		YES ○	NO ○				Feet ○	Nautical Miles ○	

9. Please list each ferry terminal served by your operation in calendar year 2019. 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 Name:	City	State	Transportation Modes of Transportation Access *(Mark All Applicable)*	Terminal In-Service (For Your Operations)
1				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
2				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
3				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
4				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
5				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
6				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
7				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
8				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
9				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
10				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
11				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
12				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
13				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
14				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
15				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
16				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
17				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
18				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
19				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
20				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
21				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
22				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
23				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
24				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○
25				Parking ○ Local Bus ○ Intercity Bus ○ Local Rail ○ Intercity Rail ○ Bike Share ○	Yes ○ No ○

10. For each ferry terminal served by your fleet during calendar year 2019, please mark if the terminal was owned and operated either publically or privately. If the "public" or "both" option was marked, please include the public owner and/or operator name.

IF OWNERSHIP or OPERATIONS are PUBLIC OR BOTH- Please provide additional information:

	Terminal Name:	Terminal Ownership Status	Terminal Operations Status	Public Ownership Name	Public Operator Name
1		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
2		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
3		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
4		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
5		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
6		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
7		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
8		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
9		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
10		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
11		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
12		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
13		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
14		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
15		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
16		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
17		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
18		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
19		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
20		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
21		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
22		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
23		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
24		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		
25		Private ○ Public ○ Both ○	Private ○ Public ○ Both ○		

11. Please list the individual route segments served by your ferry operation in the calendar year 2019. 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.

	Route Origin	Route Destination		(Nautical Miles)	Hour	Min	Sec	Number of Trips/Year	Year Round Operation	IF NO- Please indicate Operation's Season (mm/dd)	(mm/dd)
1			Yes ○ No ○						Yes ○ No ○		
2			Yes ○ No ○						Yes ○ No ○		
3			Yes ○ No ○						Yes ○ No ○		
4			Yes ○ No ○						Yes ○ No ○		
5			Yes ○ No ○						Yes ○ No ○		
6			Yes ○ No ○						Yes ○ No ○		
7			Yes ○ No ○						Yes ○ No ○		
8			Yes ○ No ○						Yes ○ No ○		
9			Yes ○ No ○						Yes ○ No ○		
10			Yes ○ No ○						Yes ○ No ○		
11			Yes ○ No ○						Yes ○ No ○		
12			Yes ○ No ○						Yes ○ No ○		
13			Yes ○ No ○						Yes ○ No ○		
14			Yes ○ No ○						Yes ○ No ○		
15			Yes ○ No ○						Yes ○ No ○		
16			Yes ○ No ○						Yes ○ No ○		
17			Yes ○ No ○						Yes ○ No ○		
18			Yes ○ No ○						Yes ○ No ○		
19			Yes ○ No ○						Yes ○ No ○		
20			Yes ○ No ○						Yes ○ No ○		
21			Yes ○ No ○						Yes ○ No ○		
22			Yes ○ No ○						Yes ○ No ○		
23			Yes ○ No ○						Yes ○ No ○		
24			Yes ○ No ○						Yes ○ No ○		
25			Yes ○ No ○						Yes ○ No ○		

12. For each route segment, please indicate whether the fares are regulated (set) by a public agency for calendar year 2019. If the fares are regulated, please include the name of the agency.

	Route Origin	Route Destination	Fares Regulated?		Regulating Agency *(If YES)*
1			Yes ○	No ○	
2			Yes ○	No ○	
3			Yes ○	No ○	
4			Yes ○	No ○	
5			Yes ○	No ○	
6			Yes ○	No ○	
7			Yes ○	No ○	
8			Yes ○	No ○	
9			Yes ○	No ○	
10			Yes ○	No ○	
11			Yes ○	No ○	
12			Yes ○	No ○	
13			Yes ○	No ○	
14			Yes ○	No ○	
15			Yes ○	No ○	
16			Yes ○	No ○	
17			Yes ○	No ○	
18			Yes ○	No ○	
19			Yes ○	No ○	
20			Yes ○	No ○	
21			Yes ○	No ○	
22			Yes ○	No ○	
23			Yes ○	No ○	
24			Yes ○	No ○	
25			Yes ○	No ○	

13. For each route segment, please list the name of the vessel(s) operated to serve the segment in calendar year 2019.

Which Vessels are MOST used for this Route?

For each Individual Segment, please check-off the circle ○ of the vessel most used by that segment as identified below.

	Route Origin	Route Destination	Vessel 1	Vessel 2	Vessel 3	Vessel 4	Vessel 5
1			○	○	○	○	○
2			○	○	○	○	○
3			○	○	○	○	○
4			○	○	○	○	○
5			○	○	○	○	○
6			○	○	○	○	○
7			○	○	○	○	○
8			○	○	○	○	○
9			○	○	○	○	○
10			○	○	○	○	○
11			○	○	○	○	○
12			○	○	○	○	○
13			○	○	○	○	○
14			○	○	○	○	○
15			○	○	○	○	○
16			○	○	○	○	○
17			○	○	○	○	○
18			○	○	○	○	○
19			○	○	○	○	○
20			○	○	○	○	○
21			○	○	○	○	○
22			○	○	○	○	○
23			○	○	○	○	○
24			○	○	○	○	○
25			○	○	○	○	○

14. Please report the 2019 calendar year total and 2019 daily average of passenger 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 include the total number of occupants in each vehicle in your passenger counts to avoid underreporting.

			Passenger Boardings		Vehicle Boardings	
	Route Origin	Route Destination	Average Daily Boardings	In Total Boardings	Average Daily Boardings	In Total Boardings
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

15. Please list the source of any public funding received in calendar year 2019. Indicate the type of agency from which the funding was received (federal, state, or local), the name of the agency, and the funding program.

- NO- Public Funding Sources Are Not Accepted
- YES- This Operation Receives Public Funding Sources- *If so, please indicate sources below…*

Agency Type						***Agency Name***	***Program Name***
Federal	○	State	○	Local	○		
Federal	○	State	○	Local	○		
Federal	○	State	○	Local	○		
Federal	○	State	○	Local	○		
Federal	○	State	○	Local	○		

16. Please indicate whether your operation's boarding information or any other information you provided is business-sensitive information. (Please note: Information that you release to the public on a routine basis generally does not qualify as business-sensitive information.)

- Boarding Information is NOT business-sensitive
- Boarding information is business-sensitive
- Other information is business-sensitive, please indicate specific information in this field

Please give a brief description as to the nature of the sensitivity

Please return this survey in the enclosed envelope or send to:
NCFO Project Manager, US Department of Transportation
1200 New Jersey Avenue SE, RTS-32, Room E32-316, Washington, D.C. 20590

Thankyouforcompletingthe2020 NCFO!