



Unified Enterprise Survey - Annual
Annual Survey of Manufactures, 2002

Transportation Equipment Manufacturing

NAICS 336110-336990

Collected under the authority of the *Statistics Act*,
Revised Statutes of Canada, 1985, Chapter S19.

Completion of this questionnaire is a legal
requirement under this Act.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en
français, veuillez nous téléphoner au numéro
sans frais suivant : 1 888 881-3666.

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Correct pre-printed information if necessary using the corresponding boxes below:



0001	Legal name	0004	Number and street		
0002	Business name	0005	City	0006	Province or State
0003	C/O	0053	Country	0007	Postal code/Zip code
0008	First name of contact	0028	Last name of contact		
0052	Please report for:	0010	Language preference 1 <input type="radio"/> English 2 <input type="radio"/> French		

A - Introduction

Survey Purpose

This survey collects the financial and operating data needed to produce statistics concerning your industry. For more information on survey purpose, please consult the enclosed "Guidelines and Instructions" booklet.

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. **The data reported on this questionnaire will be treated in strict confidence**, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

Please return the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999, within 30 days of receipt. For information about "Fax or Electronic Transmission Disclosure", please refer to the enclosed booklet "Guidelines and Instructions". Thank you.

If you need further information or help, please call 1 888 881-3666.

Name of the primary person completing this questionnaire:		0013			
0026	1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.	0054	First name		
			Last name		
Title:	E-mail address:	0018	Web site address:		0020
0014					
Telephone number:	Extension:	0027	Fax number:	Date completed:	
0017 ()			0016 ()	YYYY	MM DD
Signature:				0015	
I certify that the information contained herein is complete and correct to the best of my knowledge.					

FORM CM 5-3600-204.1

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