

**Annual Survey of Telecommunications  
2002**Si vous préférez ce questionnaire  
en français, veuillez appeler :  
(613) 951-2201**Paging Services Providers, Radio Common Carriers**

<b>Respondent company</b>	<i>Please correct pre-printed label information, if necessary, using the corresponding boxes below:</i>	
	Legal Name	
	Operating or Trade Name (if different from legal name):	
	Mail contact person for this survey (please print clearly):	
	Job Title:	
	Street:	
	City:	
	Province:	Postal Code:
	Telephone:	Fax:
	E-mail:	Website:

**Information for Respondents****Survey Objective**

This survey collects financial and operating data for the statistical measurement and analysis of the telecommunications industry (telecom carriage or resale). These data will be aggregated to produce estimates of national and provincial economic production in Canada as well as estimates of activity by industry. These estimates are used by government, the private sector, international telecommunications organizations, academics, analysts, and the general public to better understand this sector's role in the social and economic fabric of Canada. Selected results of this survey will be published in Statistics Canada Catalogue No. 56-001-XIE.

**Authority**

This survey is 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.

**Confidentiality**

Statistics Canada is prohibited by law from publishing or releasing any statistics which would divulge information obtained from this survey relating to any identifiable business without the previous written consent of that business. **The data on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by the Access to Information Act or any other legislation. **Please note that Statistics Canada does not share any individual responses with Canada Customs and Revenue Agency.**

**Data Sharing Agreements**

To reduce response burden and to ensure more uniform statistics, Statistics Canada has entered into a data sharing agreement under section 11 of the *Statistics Act* with the Institut de la statistique du Québec, to share information from this survey concerning respondents' Quebec operations, and under section 12 of the *Statistics Act* with the Canadian Radio-television and Telecommunications Commission (CRTC), for the sharing of information from all respondents.

The Quebec Statistics Act gives the Institut de la statistique du Québec the authority to collect the information requested in this report on their own and it contains the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Subsection 12(2) of the Statistics Act provides that where a respondent gives notice in writing to the Chief Statistician that the respondent objects to the sharing of the information by the Statistics Canada, the information not be shared with the department or corporation unless the department or corporation is authorized by law to require the respondent to provide the information. The CRTC is authorized by law to require the respondent to provide the information under section 37 of the Telecommunications Act. Information provided to the CRTC will be treated in accordance with the requirements of section 39 of the Telecommunications Act.

**Reporting Period**

This questionnaire should be completed for your most recent fiscal year ending no later than March 31, 2003.

**Return Procedures**

Please return the completed questionnaire(s) within **45 days** of receipt in the enclosed envelope or by facsimile to (613) 951-9920. If you anticipate difficulty in making this deadline, please inform Statistics Canada of your expected filing date.

**Reporting Instructions**

Please complete all questions that pertain to your operations; cross out cells or sections that do not apply to your company to reduce the likelihood of follow-up call-backs to verify missing information. Detailed instructions and definitions of terms used in the questionnaire are found in the Reporting Guide. Please refer to the Reporting Guide in order to ensure your responses are consistent with those provided by other respondents.

**Assistance**

If you require further assistance or need additional forms, please contact:

Telecommunications Section  
Science, Innovation and Electronic Information Division  
Statistics Canada  
R.H. Coats Building, Floor 7  
Ottawa, Ontario, K1A 0T6

Phone: (613) 951-2201  
E-mail: [michael.lynch@statcan.ca](mailto:michael.lynch@statcan.ca)

Phone: (613) 951-2741  
E-mail: [cimeron.mcdonald@statcan.ca](mailto:cimeron.mcdonald@statcan.ca)

Fax: (613) 951-9920

**Thank you for your co-operation**

## Respondent Information

100

**A. Type of business organization:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations*<br>• complete the back page<br>• do not include foreign subsidiaries | <input type="checkbox"/> Part of a corporation<br>(e.g., branch, division) |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system  | <input type="checkbox"/> Co-operative                                      |
| <input type="checkbox"/> Sole proprietorship          | <input type="checkbox"/> Joint venture   | <input type="checkbox"/> Partnership                                       |
| <input type="checkbox"/> Other (please specify) _____ |  |  |

\* Consolidated family of corporations - If you are including more than one legal or operating entity on a single questionnaire, please fill out **Information Concerning Consolidated Reporting** on the back of the questionnaire. Please see the Respondent Information section in the Reporting Guide for more information on multiple unit reporting. In general, if your organization operates distinct business units (a corporation or organizational unit) offering different telecommunications services (see Industry Classification section, Page iii) for which you maintain separate financial statements, please complete a questionnaire for each unit. For more forms, contact Statistics Canada at (613) 951-2741 or (613) 951-2201. **Do not consolidate foreign subsidiaries in this report.**

**B. Foreign ownership (estimates are acceptable):**

- |   |  |
|---|--|
| a) What percentage of this company's common (voting) shares were foreign owned at year end?   | 101<br><input style="width: 60px;" type="text"/> % |
| b) If applicable, what percentage of this company's parent company's shares were foreign owned at year end?   | 102<br><input style="width: 60px;" type="text"/> % |
| c) What percentage of this company's ( <b>voting and non-voting</b> ) shares were ultimately foreign owned at year end? (e.g., through direct and/or indirect control by holding companies, parent companies, etc.) | 104<br><input style="width: 60px;" type="text"/> % |

**C. Legal changes:**

If your organization has undergone legal changes during its past fiscal year, or is reporting for other than a 12-month fiscal year, please check (✓) the appropriate box(es) below and provide a brief explanation and the date(s) of the event(s). If the legal change involved other companies, please provide their legal names:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <sup>201</sup> New business  | <input checked="" type="checkbox"/> <sup>202</sup> Ceased operations | <input type="checkbox"/> <sup>203</sup> Change of ownership | <input type="checkbox"/> <sup>204</sup> Merger/Amalgamation/Split-up/Spin-off |
| <input type="checkbox"/> <sup>205</sup> Other (Please describe - attach additional pages if necessary). ➤ _____ |  |   |   |

300

**D. Please enter your nine digit GST Registered Account/Business Number:**

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**E. Reporting period:**

This questionnaire should be completed for your most recent fiscal period ending no later than March 31, 2003. If you are reporting a fiscal period of more or less than 12 months, please explain in section C, above.

From: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	To: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D										

# Telecommunications Industry Classification

400

**A. Please indicate (✓) which of the following account for more than 50 percent of your operating revenues:**  
(check one only)

- Facilities-based telecommunications services  Reselling of telecommunications services
- Non-telecommunications activity (Please describe your main revenue activities and return this form in the envelope provided)

➤ \_\_\_\_\_  
\_\_\_\_\_

**B. Please indicate (✓) the telecommunications services provided:**

Telecommunications service	Facilities-based <sup>1</sup>	Reseller	
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>	➔ Contact Statistics Canada for the appropriate questionnaire if more than half of your revenues are earned from the services listed here.
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>	
Mobile Telephony <sup>2</sup>	403 <input type="checkbox"/>	404 <input type="checkbox"/>	
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>	
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>	➔ Complete this questionnaire if more than half of your revenues are earned from either of these activities.
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>	
Wireless Broadband (Multipoint)	409 <input type="checkbox"/>	410 <input type="checkbox"/>	➔ Contact Statistics Canada for the appropriate Wireless Telecommunications questionnaire if more than half of your revenues are earned from the activities listed here.
Fixed Wireless (Local loop)	411 <input type="checkbox"/>	412 <input type="checkbox"/>	
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input type="checkbox"/>	
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>	
Other (Please specify) ➔	417 <input type="checkbox"/>	418 <input type="checkbox"/>	
_____			

<sup>1</sup> ownership of transmission facilities (wire, cable, radio, optical or other electromagnetic system), other than switching equipment.  
<sup>2</sup> cellular, PCS, ESMR, air-to-ground, automatic mobile telephony.

**C. Please check (✓) all areas of operation** (areas where respondent has employees):

- 501  B.C. 502  Alta. 503  Sask. 504  Man. 505  Ont. 506  Que. 507  N.B. 508  N.S. 509  P.E.I. 510  Nfld. 511  Y.T. 512  N.W.T. 513  Nvt.

➔ Please complete the appendix if more than one box is checked in question C.

## Follow-up Contacts

Additional person(s) to contact for follow-up information: (Please print)

--	--	--

Contact Module(s):

--	--	--

Contact telephone number(s):

--	--	--

## Certification

Please print the name of the person responsible for this return:

Please estimate the amount of time to complete this questionnaire

600 \_\_\_\_\_ . \_\_\_\_\_ Hour(s)

Signature:

\_\_\_\_\_  
I certify that the information provided in this report is complete and correct to the best of my knowledge.

Title of signator:

Date completed:

\_ \_ \_ \_ Y Y Y \_ \_ \_ M M \_ \_ \_ D D \_ \_ \_

**MODULE 1. OPERATING REVENUES**

<b>Telecommunications Operating Revenues</b>	<b>Total</b>
<b>Wholesale (Carrier) Services</b>	1014
<b>Retail Services</b> (revenues from end users)	1208
A. Paging, Narrowband PCS	1209
B. Dispatch services (RCC, Radio Common Carriage)	1057
C. Connection (activation - deactivation, one-time charges)	1060
D. Other telecommunications operating revenues:	1063
1. Other (Please specify) >	1066
2. Other (Please specify) >	1069
3. Other (Please specify) >	1306
4. Residual	1070 (1014 + 1306)
<b>Total - Retail Services</b> (sum of cells 1208, 1209, 1057, 1060, 1063, 1066 and 1069)	1079
<b>Total - Telecommunications Operating Revenues</b>	1302
<b>Other Operating Revenues</b>	1094
A. Sale of telecommunications goods	1100
B. Late payment and related charges	1101
C. Other (non-telecommunications) operating revenues n.e.c.:	1102 (1079 + 1101)
1. (Please specify) >	
2. Residual	
<b>Total - Other Operating Revenues</b> (sum of cells 1079, 1302, 1094, 1097 and 1100)	
<b>TOTAL - OPERATING REVENUES</b>	

Customer Base	Number of Subscribers (#)				Accounts (#)		
	Previous year end	Connections/ activations	Disconnections/ deactivations	Current year end		Current year end	
				Total	% res. <sup>1</sup>	Total	% res.
Paging, Narrowband PCS	1139	1140	1141	1142	1143	1144	1145
Dispatch (RCC)	1146	1147	1148	1149	1150	1151	1152
Other (Please specify) >	1153	1154	1155	1156	1157	1158	1159

<sup>1</sup> % of total subscribers (adjacent column), that are residential (individual and household) rather than business and other users. Estimates are acceptable.

<b>Distribution of Operating Revenues by Type of Customer</b>		<input type="checkbox"/> (\$ 000's) <input type="checkbox"/> (%)
1. Residential (individuals and households)		1103
2. Business and other:		
a) Public institutions (e.g., hospitals, schools, universities)	1104	
b) Government (e.g., federal, provincial, territorial, municipal)	1105	
c) Business:		
Financial (banks, trust cos., financial crown corporations)	1106	
Other (Please specify) >	1107	
<b>Total - Business</b>	<b>1108 (1106 + 1107)</b>	
<b>Total - Business and other</b>	<b>1109 (1104 + 1105 + 1108)</b>	
B. Customers outside Canada (exports)		1110
<b>Total - Operating Revenues</b> (sum of bolded cells)		<b>(1103 + 1109 + 1110) = cell 1102 or 100%</b>

**MODULE 2. OPERATING EXPENSES**

\* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide.  
 \*\* \$ 000's or % of the amount reported in the adjacent cell in col. 3.

Purchases*		Total (thousands of dollars)	Salaries, wages and benefits** <input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of col. 3
<input type="checkbox"/> (\$ 000's) or <input type="checkbox"/> (%) of Total			
Telecommunications service providers		3	4
Incumbents	Entrants		
1	2		

**Telecommunications Operating Expenses**

**A. Telecommunications Network Expenses:**

1. Network operations			2001	2002
2. Depreciation			2003	
3. Maintenance and repairs			2004	2005
4. Wireline circuit rentals	2006	2207	2008	
5. Wireless capacity rentals			2009	
6. Satellite (non-satellite) capacity rentals			2010	
7. Purchased long-distance services	2011	2012	2013	
8. Contribution payments (to the CFA or other providers)			2014	
9. Interconnection payments			2015	
10. Roaming payments			2064	
11. Residual telecommunications network expenses n.e.c. (please specify large amounts) >			2070	2071

**B. Commercial and Administrative Expenses:**

1. Selling and marketing			2016	2017
2. Customer servicing			2062	2063
3. Billings and collections			2020	2021
4. Corporate administration and general office expenses			2022	2023
5. Advertising and related services (purchased)			2018	
6. Professional and business fees (purchased legal, accounting, consulting services, etc.)			2027	
7. Management fees paid to head office or parent company			2028	
8. Amortization charges			2029	
9. Depreciation			2030	
10. Bad debts expenses			2034	
11. Permits and indirect taxes (do not include income taxes, report property taxes in C, below)			2037	
12. Other commercial and administrative expenses n.e.c.: (e.g. property taxes, utilities, telecommunications/postage/courier, insurance, travel/entertainment, office equipment rentals, maintenance and repairs, radio licensing fees - spectrum, etc.)			2041	
a) (Please specify) >			2042	
b) (Please specify) >			2043	
c) (Please specify) >			2044	2045
d) Residual expenses				

**C. Land and Buildings Rentals (Network or Commercial)**

			2038	
<b>Total - Telecommunications Operating Expenses (sum of each column)</b>			2046	2047

**MODULE 2. OPERATING EXPENSES — Concluded**

\* Estimate the \$ 000's or % of the total expense paid to incumbent and entrant telecom companies. Incumbent telecommunications companies are listed in the Reporting Guide.  
 \*\* \$ 000's or % of the amount reported in the adjacent cell in col. 3.

**Total**  
(thousands of dollars)

**Salaries, wages and benefits**  
 (\$ 000's) or  
 (%) of col. 3

3

4

**Other Operating Expenses**

A. Cost of telecommunications goods sold

2049

B. Other (non-telecommunications) operating expenses n.e.c.:

1. (Please specify) ➤

2059

2. (Please specify) ➤

2060

3. Residual (non-telecommunications) expenses

2054

**TOTAL - Other Operating Expenses** (sum of cells 2049, 2059, 2060 and 2054)

2056

2055

**TOTAL - OPERATING EXPENSES**

2057 (2046 + 2056)

2058 (2047 + 2055)  
(= cell 6003, p.6)

**MODULE 3. INCOME STATEMENT**

**Total**  
(thousands of dollars)

A. Total operating revenues

3001 (=1102, p.2)

B. Total operating expenses

3002 (=2057, p.4)

( )

3003

**Operating Income (Loss)**

C. Non-operating revenues and expenses (report expense items in brackets):

1. Investment income (interest, dividends, joint venture and minority interest, etc)

3004

2. Net gains (losses) on sale of assets (fixed, intangible or investments), and foreign exchange

3005

3. Interest expenses:

a) On short-term debt

3009  
( )

b) On long-term debt

3010  
( )

Total - Interest expenses

3011  
( )

4. Write-offs and valuation adjustments (not part of C.5)

3018  
( )

5. Other non-operating revenues and expenses n.e.c. (e.g., extraordinary and other gains and losses)

3019

Total - Non-operating revenues and expenses

3020

D. Income taxes:

1. Deferred

3014

2. Current

3015

Total - Income taxes

3016

( )

**NET INCOME (LOSS)** (sum of bolded cells)

3017 (3003 + 3020 + 3016)

**MODULE 4. BALANCE SHEET**

<b>Assets</b>	<b>Historical Cost</b>	<b>Accumulated depreciation</b>	<b>Net Book Value</b> (thousands of dollars)
<b>Current Assets</b>			4010
<b>Long-term Assets:</b>			
<b>A. Fixed Assets (property, plant and equipment):</b>			4011
1. Land			
2. Buildings	4014	4015 (            )	4016
3. Network infrastructure:			
a) transmission structures	4017		
b) machinery and equipment	4027		
<b>Total - Network infrastructure</b>	4028	4029 (            )	4030
4. Other fixed assets	4035	4036 (            )	4037
<b>Total - Fixed Assets (sum of 'Net Book Value column,' cells 4011, 4016, 4030 and 4037)</b>			4038
<b>B. Financial/Intangible Long-term Assets:</b>			4041
1. Financial investments			4042
2. Long-term deferrals			4043
3. Other long-term financial/intangible assets n.e.c.			4044
<b>Total - Assets (sum of bolded cells)</b>			4044
<b>Liabilities</b>			4049
<b>Current Liabilities</b>			
<b>Long-term Liabilities:</b>			
1. Long-term debt		4053	
<i>Supplementary question:</i> (amount of long-term debt that is non-interest bearing): \$	4072		
2. Residual		4076	
<b>Total - Long-term Liabilities</b>			4056
<b>Total - Liabilities</b>			4057 (4049 + 4056)
<b>Shareholders' Equity</b>			4060 (4058 + 4059)
<b>A. Share capital</b>	4058 preferred	4059 common	
<b>B. Retained earnings:</b>			4061
1. Opening balance (previous period closing balance)			4062
2. Net income or (loss) for the reporting period (cell 3017, page 4)			4065 (4063 + 4064)
3. Dividends declared	4063 preferred (            )	4064 common (            )	(            )
4. Other additions and deductions			4066
<b>Total - Retained earnings</b>			4067
<b>C. Other shareholders' equity n.e.c. (Please specify)▶</b>			4068
<b>Total - Shareholders' Equity</b>			4069 (4060 + 4067 + 4068)
<b>Total - Liabilities and Shareholders' Equity</b>			4070 (4057 + 4069)

**MODULE 5. CAPITAL EXPENDITURES**

If you complete the 'Survey on Capital and Repair Expenditures' for each province you operate in, you may submit photocopies of this questionnaire instead of completing this module.

	(thousands of dollars)
<b>Construction Expenditures</b>	5009
<b>Machinery and Equipment Expenditures</b>	5018

**MODULE 6. EMPLOYMENT**

	Labour Costs			Employees
	(thousands of dollars)			(number of persons at fiscal year end)
	Salaries and wages	Fringe benefits <sup>1</sup>	Total	Total
A. Expensed labour costs	6001	6002	6003 (= cell 2058, p.3)	
B. Capitalized labour costs	6004	6005	6006	
<b>Total</b>	6007	6008	6009 (6011 + 6013) (6003 + 6006)	6010 (6012 + 6014)
C. Full-time				6011
D. Part-time				6012
				6013
				6014

<sup>1</sup> Supplementary labour costs such as employers contributions to CPP/QPP, EI, etc.

**MODULE 7. INTERNATIONAL TRANSACTIONS IN COMMERCIAL SERVICES**

	Receipts (exports)			Payments (imports)		
	USA	Other countries	Total	USA	Other countries	Total
	(thousands of Canadian dollars)			(thousands of Canadian dollars)		
Telecommunications services trade	7201	7202	7203	7204	7205	7206
Other services trade	7031	7032	7033	7034	7035	7036
<b>Total</b>	7037	7038	7039	7040	7041	7042

**MODULE 8. NETWORK INFRASTRUCTURE**

	Owned	Leased (to the respondent)
<b>Cell/Repeater Sites:</b>		
Paging	8108	8109
RCC (Radio Common Carriage)	8110	8111
Other (Please specify) ➤	8112	8113

**COMMENTS**


**Thank you for your co-operation**



**Information Concerning Consolidated Reporting**

Please provide information related to subsidiaries and affiliates consolidated in this questionnaire.

**Company 1**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system   | <input type="checkbox"/> Co-operative   |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Sole proprietor  |
|   | <input type="checkbox"/> Other <i>(Please specify)</i> >  |   |

**B. Telecommunications Service:**

	Facilities-based	Reselling
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other <i>(Please specify)</i>	417 <input type="checkbox"/>	418 <input type="checkbox"/>

**C. A majority of this company's revenues are:**  Facilities-based <sup>400</sup> or  Reselling <sup>400</sup>  
or  Non-telecom *(please specify)* >

**D. Nine-digit GST Registered Account/Business No.:**

300

**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?** <sup>104</sup>  %

**F. Please describe the company's relationship to the respondent company** 600

**Company 2**

**Legal Name**

**Operating Name or Trade Name** (if different from legal name):

**Street:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Fax:**

**E-mail:**

**A. Type of business organization:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A single corporation         | <input type="checkbox"/> Consolidated family of corporations<br><i>(do not include foreign companies)</i> | <input type="checkbox"/> Part of a corporation<br><i>(e.g., branch, division)</i> |
| <input type="checkbox"/> Provincial government system | <input type="checkbox"/> Municipal system   | <input type="checkbox"/> Co-operative   |
| <input type="checkbox"/> Joint venture                | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Sole proprietor  |
|   | <input type="checkbox"/> Other <i>(Please specify)</i> >  |   |

**B. Telecommunications Service:**

	Facilities-based	Reselling
Wireline Telecommunications	401 <input type="checkbox"/>	402 <input type="checkbox"/>
Competitive Pay Telephone Service	419 <input type="checkbox"/>	420 <input type="checkbox"/>
Mobile Telephony	403 <input type="checkbox"/>	404 <input type="checkbox"/>
Mobile Data	421 <input type="checkbox"/>	422 <input type="checkbox"/>
Radio Common Carriage (RCC)	405 <input type="checkbox"/>	406 <input type="checkbox"/>
Paging, Narrowband PCS	407 <input type="checkbox"/>	408 <input type="checkbox"/>
Wireless Broadband	409 <input type="checkbox"/>	410 <input type="checkbox"/>
Fixed Wireless	411 <input type="checkbox"/>	412 <input type="checkbox"/>
Satellite (Fixed)	413 <input type="checkbox"/>	414 <input type="checkbox"/>
Satellite (Mobile)	415 <input type="checkbox"/>	416 <input type="checkbox"/>
Other <i>(Please specify)</i>	417 <input type="checkbox"/>	418 <input type="checkbox"/>

**C. A majority of this company's revenues are:**  Facilities-based <sup>400</sup> or  Reselling <sup>400</sup>  
or  Non-telecom *(please specify)* >

**D. Nine-digit GST Registered Account/Business No.:**

300

**E. What percentage of this company's common (voting and non-voting) shares were ultimately foreign owned at year end?** <sup>104</sup>  %

**F. Please describe the company's relationship to the respondent company** 600