

Due no later than August 5, 2011, for inclusion in
 The 2012 ABA Motorcoach Marketer
 Visit www.buses.org to update your profile online

ABA BUS OPERATOR MEMBER PROFILE FORM

Selected data from this form will be published in the Marketplace Appointment Scheduling information and the Marketplace Buyer Profile forms, the Marketplace on-site database, The 2012 ABA Motorcoach Marketer, and on ABA's Web site.

SECTION 1: MEMBERSHIP INFORMATION* (starred items are required)

Clearly print your membership information below: (U.S. members - include zip + 4)

* Member Number: _____
 Contact Name: _____
 Contact Title: _____
 * Company Name: _____
 Address: _____

 Phone: _____
 Toll free: _____
 Fax: _____
 E-mail: _____
 Web site: _____

PLEASE FILL OUT INFORMATION BELOW. DATA IS FOR OPERATIONS IN NORTH AMERICA AND U.S. TERRITORIES.

1. USDOT No. (If applicable): _____

***2. Indicate the number of buses (excluding school and transit) by type:**

Over-The-Road Bus (OTRB): _____ *Over-the-road buses (OTRBs) are typically 40-45 feet in length, are designed to carry 30 or more persons, and are used for commuter, intercity, fixed route, charter, and tour services.*
 Executive Coach: _____
 Mini-Bus: _____ *Mini-buses typically seat 13-30 passengers.*
 Trolley: _____

3. How many of the following do you own?

Limo/Sedan: _____
 Van: _____ *A commercial motor vehicle designed to carry between 9 and 15 passengers, including the driver.*
 School Bus: _____
 Transit-Type Bus: _____

4. Who manufactured the buses in your fleet? (Please check all that apply):

<input type="checkbox"/> Astrocar	<input type="checkbox"/> Eurotrans	<input type="checkbox"/> International	<input type="checkbox"/> Metrotrans	<input type="checkbox"/> Star Craft	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Blue Bird	<input type="checkbox"/> Flxible	<input type="checkbox"/> Invader	<input type="checkbox"/> Navistar	<input type="checkbox"/> Supreme	
<input type="checkbox"/> Champion	<input type="checkbox"/> Gillig	<input type="checkbox"/> Irizar	<input type="checkbox"/> Neoplan	<input type="checkbox"/> TAM	
<input type="checkbox"/> Diamond Coach	<input type="checkbox"/> Girardin	<input type="checkbox"/> Krystal Koaches	<input type="checkbox"/> Orion	<input type="checkbox"/> Thomas	
<input type="checkbox"/> Dina	<input type="checkbox"/> Glaval	<input type="checkbox"/> LAG	<input type="checkbox"/> Prevost	<input type="checkbox"/> TMC	
<input type="checkbox"/> Dupon Trolley	<input type="checkbox"/> GMC	<input type="checkbox"/> Magnum	<input type="checkbox"/> R.T.S.	<input type="checkbox"/> Trolley Enterprises	
<input type="checkbox"/> Eagle	<input type="checkbox"/> Goshen	<input type="checkbox"/> MAN	<input type="checkbox"/> Scania	<input type="checkbox"/> Van Hool	
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Grumman	<input type="checkbox"/> MCI	<input type="checkbox"/> Setra	<input type="checkbox"/> World Trans	

***5. Do you own lift-equipped buses or vans?** Yes No (Go to Question 7)

6. How many of the following types of lift-equipped vehicles do you operate in your fleet?

(Indicate the number of buses or vans)
 Over-The-Road Bus: _____ Van: _____
 Mini-Bus: _____ Trolley: _____

7. Please list any other companies that are affiliated with your company:

***8. What is the name of your Safety Director? (List only one name):** _____

***9a. Customer Base: Indicate percentage for each customer base segment. (Total must equal 100%):**

Adults (26-54): _____%
Seniors (55+): _____%
Students/School/Youth (under 25): _____%
= 100 %

9b. Indicate percentage for each type of the following (Does NOT need to total 100%):

International/Inbound: _____%
International/Outbound: _____%
Corporate/Convention: _____%

***10. Services provided: Indicate percentage for each type of service. (Total for all categories must equal 100%):**

Airport Shuttle: _____% Shuttle service from airports to various points within a city or region, usually on contract with an airport.
Charter: _____% Performed group who hire a motorcoach for their exclusive use.
Commuter: _____% Transportation of passengers for relatively short distances, such as between cities and suburbs.
Local Receptive Operator: _____% Provides some or all of the components of a local tour or charter, including step-on guides and sightseeing. Many specialize in services for incoming visitors, such as meeting them at the airport or train station and arranging meals and lodging.
Package Express: _____% Regular, point-to-point package delivery service.
School Bus: _____% Transportation of students between home and school.
Scheduled Service: _____% Specified, predetermined regular-route service between cities, terminals, or other locations.
Special Operations: _____% Services other than those described above.
Sightseeing: _____% Service to view points of interest within a specified area.
Travel Agency: _____% Provides retail travel agency services to the public and has IATA number.
Packaged Tour: _____% Planned or prearranged trips for sale by a motorcoach or tour operator at a fixed price to leisure travelers, etc. Price usually includes lodging, meals, sightseeing, and transportation.
= 100%

11. What intermodal services do you offer? (Please check all that apply)

Bus/Air Bus/Auto Bus/Cruise Bus/Rail

12. If company is located in a suburb or rural area, indicate the nearest major city: _____

13. List the 3-letter airport codes for locations where you most frequently pick up charter/tour groups:

***14. Do you pay commissions to travel agents?** Yes No (Go to Question 16)

15. How much is the commission that you pay to travel agents? _____%

***16. Briefly describe the services you provide. (Limit your description to 35 words.)**

SECTION 2: CHARTER/TOUR INFORMATION - PLEASE HAVE THE PERSON MOST FAMILIAR WITH CHARTERS/TOURS FILL OUT THIS FORM. (If you don't conduct charters/tours, go to Section 3.)

17. Total number of charter/tour planners in your company: _____

18. Primary charter/tour contact and title (list only one name): _____

19. Additional charter/tour contacts: _____

20. List the major gateway cities for your incoming international groups if applicable:

21. What percentage of your total charter service is (Should add up to 100%):

Planned by your company?: _____%
Planned by the customer?: _____%
=100 %

22. Do you offer packaged tours? (See Question 10) Yes No (Go to Question 27)

23. Do you produce tour publications? Yes No (Go to Question 27)

24. Do you accept advertising in the tour publication(s)? Yes No (Go to Question 27)

25. What month is the advertising deadline? _____

26. Indicate the states and/or provinces where your charters and tours visit most frequently. (Include Mexico if applicable.):

STATES:

- (AK) Alaska
- (AL) Alabama
- (AR) Arkansas
- (AZ) Arizona
- (CA) California
- (CO) Colorado
- (CT) Connecticut
- (DC) Washington, DC
- (DE) Delaware
- (FL) Florida
- (GA) Georgia
- (HI) Hawaii
- (IA) Iowa
- (ID) Idaho
- (IL) Illinois
- (IN) Indiana
- (KS) Kansas

- (KY) Kentucky
- (LA) Louisiana
- (MA) Massachusetts
- (MD) Maryland
- (ME) Maine
- (MI) Michigan
- (MN) Minnesota
- (MO) Missouri
- (MS) Mississippi
- (MT) Montana
- (NC) North Carolina
- (ND) North Dakota
- (NE) Nebraska
- (NH) New Hampshire
- (NJ) New Jersey
- (NM) New Mexico
- (NV) Nevada
- (NY) New York

- (OH) Ohio
- (OK) Oklahoma
- (OR) Oregon
- (PA) Pennsylvania
- (RI) Rhode Island
- (SC) South Carolina
- (SD) South Dakota
- (TN) Tennessee
- (TX) Texas
- (UT) Utah
- (VA) Virginia
- (VT) Vermont
- (WA) Washington
- (WI) Wisconsin
- (WV) West Virginia
- (WY) Wyoming

PROVINCES:

- (AB) Alberta
- (BC) British Columbia
- (MB) Manitoba
- (NB) New Brunswick
- (NF) Newfoundland
- (NS) Nova Scotia
- (NT) Northwest Territories
- (NU) Nunavut
- (ON) Ontario
- (PE) Prince Edward Island
- (PQ) Quebec
- (SK) Saskatchewan
- (YT) Yukon Territories

MEXICO:

- (MX) Mexico

27. What are the top five cities that you visit on overnight trips?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

28. What types of restaurants do you use? (Check all that apply)

- Economy Mid-price Upscale

29. Which meals do you include as part of your charters and tours? (Check all that apply)

- Breakfast Lunch Dinner

30. What types of hotels do you offer through your charters and tours? (Check all that apply)

- Limited-service Full-service Economy Mid-price Upscale

31. Which AAA ratings do you use? (Check all that apply)

- 1-diamond 2-diamond 3-diamond 4-diamond

32. What types of attractions do you visit? (Check all that apply)

- Adventure Tours Caves/Caverns Historic Attractions Theaters/Live Performances
- Agricultural/Farm Attractions Dinner Cruises/Cruise IMAX/Large Format Theaters Theaters with Dining
- Amusement Parks Ships/Riverboats Museums Trains
- Breweries/Wineries Festivals/Special Events Shopping Zoos/Aquariums
- Casino/Gaming Attractions Gardens Sports Complex/Auto Race Tracks

33. Do you use step-on guides? Yes No

34. Do you use receptive operators? Yes No

35. Please list geographical areas where you typically use receptive operators:

36. Which of the following trade publications and services do you typically use that influence itinerary decisions? (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Bus Tours Magazine | <input type="checkbox"/> Familiarization Tours | <input type="checkbox"/> State/Provincial Agency Tour Planners | <input type="checkbox"/> Travel Guides from states/provinces |
| <input type="checkbox"/> Courier Magazine | <input type="checkbox"/> Group Tour Magazine | <input type="checkbox"/> Tour Planners/Receptives | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Destinations Magazine | <input type="checkbox"/> Marketplace (ABA) | | |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Motorcoach Marketer | | |

37. What new information are you looking for to include in your tour program?

38. What services could a travel supplier provide to make your job easier?

SECTION 3: STATISTICAL INFORMATION

ABA uses this data to compile information on overall industry economic impact for federal legislative and regulatory purposes and to understand the day-to-day business priorities of our members.

39. Scheduled service: (Fill in appropriate number)

Number of trips per year: _____
 Number of passengers per year: _____

40. Charters: (Fill in appropriate number)

Number of completed trips per year: _____
 Number of day trips: _____
 Number of multi-day trips: _____
 Number of passengers per year: _____

41. Tours: (Fill in appropriate number)

Number of completed trips per year: _____
 Number of day trips: _____
 Number of multi-day trips: _____
 Number of passengers per year: _____

42. Employees: (Fill in appropriate numbers)

Number of full-time employees (not including drivers): _____
 Number of full-time drivers: _____
 Number of part-time employees (not including drivers): _____
 Number of part-time drivers: _____

43. Please indicate if you are a member of any of the following organizations: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> American Sightseeing International | <input type="checkbox"/> National Tour Association | <input type="checkbox"/> United Motorcoach Association |
| <input type="checkbox"/> American Society of Travel Agents | <input type="checkbox"/> Receptive Services Association | <input type="checkbox"/> United States Tour Operators Association |
| <input type="checkbox"/> Canadian Bus Association | <input type="checkbox"/> Student and Youth Travel Association | <input type="checkbox"/> State/provincial associations and other travel/bus associations (please indicate): _____ |
| <input type="checkbox"/> Gray Line Worldwide | <input type="checkbox"/> Trailways Transportation System | |
| <input type="checkbox"/> International Motor Coach Group | <input type="checkbox"/> Travel Alliance Partners | |
| <input type="checkbox"/> Motor Coach Canada | <input type="checkbox"/> Travel Industry Association of America | |
| <input type="checkbox"/> National Motorcoach Network | <input type="checkbox"/> Travel Industry Association of Canada | |

CONFIDENTIAL—FOR ABA USE ONLY

44. Optional: To improve ABA's understanding of industry demographics, please mark the ONE box that best describes the ethnic origin of the primary owner of this business:

- | | | |
|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multi-Racial (please specify) _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaskan Native/Aboriginal | |
| <input type="checkbox"/> Caucasian (non-Hispanic) | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

Form submitted by:

Print Name Clearly _____ Date _____ Signature _____

**Please fax form by August 5, 2011, to 202-218-7253 or mail to:
 ABA Profile Form
 111 K Street NE, 9th Floor
 Washington, DC 20002**

FOR ABA USE ONLY
Date Rec'd: _____
Entered by: _____
Date Entered: _____