Budget Bureau No. 41-6262.1; Approval Expires June 30, 1964

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FORM TC-200-2
(1-24-63)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1963 CENSUS OF TRANSPORTATION

TRUCK INVENTORY AND USE SURVEY

In correspondence pertaining to this report, please include State and License number.

GENERAL INSTRUCTIONS

COMPLETE ALL SECTIONS of this report if the license plates were on or assigned to a vehicle on **July 1, 1963.**

VEHICLE IDENTIFICATION and the information in the address box were obtained from the State Motor Vehicle Registration records. Please correct any errors in the vehicle identification or changes in name or address. If on **July 1, 1963,** the license plates were on a vehicle other than the one described, give the correct vehicle description.

If the license plates were not on or assigned to a vehicle, make this notation across the front of the form, sign in Item 21, and return it without further completion.

Return the form to the Bureau of the Census, Washington 25, D. C., in the enclosed envelope which requires no postage.

Return to Washington, D. C. not later than
TWENTY DAYS AFTER RECEIPT

(Please correct if name or address has changed)

(PLEASE RETURN THIS COPY)

1. VEHICLE IDENTIFICATION

Make		Year model
Registered weight or capacity	State	License No.

If the make, year model, or weight of the vehicle is not shown above, please fill in the blank for the missing item.

2. TYPE OF VEHICLE *("X" ONE box)*

1 ☐ Truck
2 ☐ Truck-tractor
3 ☐ Truck-tractor and semi-trailer registered as a unit
4 ☐ Other *(Describe)* _____

3. TYPE OF FUEL *("X" ONE box)*

1 ☐ Gasoline
2 ☐ Diesel
3 ☐ Other *(Describe)* _____

4. NUMBER OF AXLES ON THE POWER UNIT (Truck or truck-tractor) *("X" ONE box in a, b, and c)*
(Do not include trailer. Report tandem axles as two axles.)

a. Total number of axles *("X" ONE box)*

1 ☐ Two axles
2 ☐ Three axles
3 ☐ Four axles

(Also complete b)

b. Number of driving axles (powered) on front *("X" ONE box)*

1 ☐ None
2 ☐ One axle
3 ☐ Two axles

(Also complete c)

c. Number of driving axles (powered) on rear *("X" ONE box)*

1 ☐ One axle
2 ☐ Two axles

5. UNLOADED WEIGHT OF THE TRUCK OR TRUCK-TRACTOR — Pounds

(Unloaded weight of truck or truck-tractor is the empty weight of the vehicle fully equipped for service, including fuel, water, accessories and equipment.) . . . . . .

6. NUMBER OF AXLES ON THE TRAILING UNIT(S) (Semi-trailer and full-trailer(s))
(If the vehicle is a truck-tractor (or a straight truck drawing a full trailer) mark a box for the number of axles on the trailing unit(s) most frequently used with the power unit.) *("X" ONE box only)*

a. Semi-trailer ONLY

1 ☐ One axle
2 ☐ Two axles
3 ☐ Three axles

b. Full-trailer ONLY

4 ☐ Two axles
5 ☐ Three axles
6 ☐ Four axles or more

c. Semi- and full-trailer, including converter dolly

7 ☐ Three axles
8 ☐ Four axles
9 ☐ Five axles or more

7. UNLOADED WEIGHT OF THE TRAILING UNIT(S) (Semi-trailer and full-trailer(s)) — Pounds

(Unloaded weight of the trailing unit, is the empty weight of the vehicle fully equipped for service, including accessories and equipment.) . . . . . .

8. TYPE AND SIZE OF BODY

Mark one box to describe the type of body of the truck or combination. If the power unit is a truck-tractor, report body type of the combination most frequently used with the power unit.

For all types except winch or crane wreckers, pole or logging, or auto transport, also mark a box to classify the size of the body. If the vehicle is a tank describe the kind of tank.

a. Body type ("X" ONE box in this column)	b. Body size ("X" ONE box in this column to describe size of body)
01 ☐ Standard panel, sedan delivery, compact van 02 ☐ Station wagon 03 ☐ Pick-up 04 ☐ Multi-stop or walk-in 10 ☐ Platform, stake, grain, or other platform type 11 ☐ Cattle rack (hogs, calves, and other livestock) 12 ☐ Open top van 20 ☐ Furniture van 21 ☐ Closed top non-refrigerated van, other than furniture van 22 ☐ Refrigerated van 30 ☐ Low-bed 31 ☐ Depressed center	Length of load space (Feet) 1 ☐ Under 7 — 6 ☐ 20 to 24.9 2 ☐ 7 to 9.9 — 7 ☐ 25 to 29.9 3 ☐ 10 to 12.9 — 8 ☐ 30 to 34.9 4 ☐ 13 to 15.9 — 9 ☐ 35 to 39.9 5 ☐ 16 to 19.9 — 10 ☐ 40 and over
40 ☐ Winch or crane, other than wrecker 41 ☐ Wrecker 42 ☐ Pole or logging 43 ☐ Auto transport	*DO NOT SPECIFY BODY SIZE FOR THESE FOUR ITEMS*
50 ☐ Dump	Capacity of dump (Water level without side boards) (Cubic yds.) 1 ☐ Under 5 — 3 ☐ 7 to 9.9 2 ☐ 5 to 6.9 — 4 ☐ 10 or over
60 ☐ Tank . . . . . . Kind of tank (Describe, such as dry cargo, general purpose, insulated, refrigerated, stainless steel, glass lined, pressure vessel, etc.) _____ _____	Capacity of tank (Gallons) 1 ☐ Less than 1,000 — 5 ☐ 4,000 to 5,999 2 ☐ 1,000 to 1,999 — 6 ☐ 6,000 to 7,999 3 ☐ 2,000 to 2,999 — 7 ☐ 8,000 and over 4 ☐ 3,000 to 3,999
70 ☐ Cement mixer	Capacity of mixer (Cubic yds.) 1 ☐ Less than 5 — 3 ☐ 6 to 6.9 2 ☐ 5 to 5.9 — 4 ☐ 7 or over

80 ☐ **Other** (If the above descriptions do not satisfactorily describe your vehicle, please enter identifying body type and size.)

_____

9. MAJOR USE OF THIS TRUCK OR COMBINATION *("X" the ONE box that best describes your main use of this vehicle during the past 12 months. If owned less than 12 months, check the major use during the time you owned the vehicle.)*

1 ☐ **For your farming, ranching or other agricultural activities** - This use includes hauling your livestock, crops or products to market; bringing back supplies and equipment; hauling around farm, and perhaps occasional hauling for neighbors or others. *(Answer Question 12 next.)*

2 ☐ **Personal transportation** - This is using the vehicle in place of an automobile to go from home to work; doing odd jobs around home or summer place; going fishing or hunting, etc. *(Answer Question 12 next.)*

3 ☐ **Leased or rented to others without driver--for periods of less than 30 days.** *(Answer Question 12 next.)*

4 ☐ **Leased or rented to others without driver--for periods of 30 days or more.** *(Answer Question 11 next.)*

5 ☐ **State, county, municipal or other governmental operation.** *(Answer Question 12 next.)*

6 ☐ **For-hire transportation** - This use includes trucking services known as drayage, local cartage, household goods movers, common or contract motor carriers, commercial motor carriers, "Owner-operators" under lease or contract. *(Answer Question 10)*

7 ☐ **Operated in connection with own business or occupation not specified above.** *(Answer Question 11 next.)*

8 ☐ **Other** - If none of the above applies to the use you make of the vehicle, describe the main use of the vehicle here. *(Answer Question 12 next.)*

_____

(Answer this question if the "For-hire transportation" box has been marked in Question 9.)

10. TYPE OF SERVICE

a. Hauling in - *("X" ONE box)* 1 ☐ One State only 2 ☐ More than one State

b. Is this service under an Interstate Commerce Commission authorization (either granted or pending)? *("X" ONE box)*

3 ☐ No 4 ☐ Yes *(If "Yes," enter the Interstate Commerce Commission Docket Number (this number must begin with the letters MC-))* _____ → MC-

Answer this question if either the 4 box or the 7 box has been marked in Question 9.

11. BUSINESS OR OCCUPATION - *(Mark the ONE box below that most nearly describes your business or the business of the person to whom you leased the vehicle.)*

1 ☐ **Mining or quarrying**

2 ☐ **Building or contract construction**

3 ☐ **Manufacturing** -
(Describe class of industry such as furniture, petroleum, textile, etc.) _____

4 ☐ **Wholesale** -
(Describe class, such as groceries, machinery, hardware, etc.) _____

5 ☐ **Retail** -
(Describe class, such as drugs, apparel, etc.) _____

6 ☐ **Service** -
(Describe class, such as hotels, automobile repairs, laundries, etc.) _____

7 ☐ **For-hire carrier** -
(Describe major type(s) of products carried) _____

8 ☐ **Other** *(Describe)* _____

12. VEHICLE LEASED TO OTHERS

Did you lease this vehicle WITH DRIVER to others any time during the past 12 months? *("X" ONE box)*

1 ☐ No 2 ☐ Yes *(If "Yes," estimate the total number of days leased)* . . . . . No. of days _____

13. VEHICLE MILES — Miles

a. Total miles this vehicle was driven during the past 12 months. If book figures are not available, estimate the total miles driven or if you have owned the vehicle less than 12 months, estimate the probable miles for a full year . . . . . _____

b. Total miles this vehicle has been driven since new. If mileage shown on speedometer does not represent the life-time miles by this vehicle, estimate the total mileage . . . . . _____

14. TYPICAL LOADS

On a round trip basis, how does the truck or combination usually move? *("X" ONE box)*

1 ☐ Loaded in one direction, but returns empty (or almost empty) in the other direction

2 ☐ Loaded in both directions

3 ☐ Comments *(If any)* _____

15. EMPLOYMENT

About how many total DRIVER man-hours are usually spent per week by all persons in operation of this vehicle. Include both driving and riding time of relief and part-time drivers. If the driver helps load or unload the vehicle or is on duty include his time. Do not include time of non-driving employees. *("X" ONE box)*

1 ☐ Less than 15 hours
2 ☐ 15 to 30 hours
3 ☐ 31 to 40 hours
4 ☐ 41 to 60 hours
5 ☐ 61 hours or more

16. MAINTENANCE

When major repairs are needed on this vehicle, are they usually done by? - *("X" ONE box)*

1 ☐ Your own repair shop
2 ☐ Truck dealer or factory branch
3 ☐ Independent garage
4 ☐ Other *(Describe)* _____

17. BASE OF OPERATION

Where is the "home base" for this vehicle?
(Principal place from which this vehicle operates)

City or town

County

State

18. AREA OF OPERATION

Where is the vehicle operated? *("X" only ONE box)*

1 ☐ Mostly in the local area (in or around the city and suburbs, or within a short distance of farm, factory, mine, or "home base" shown in Question 17.)
2 ☐ Mostly over-the-road (beyond the local area) but usually not more than 200 miles one way from the "home base" shown in Question 17.
3 ☐ Mostly over-the-road trips that usually are more than 200 miles one way from "home base" shown in Ques. 17.

19. PERIOD OF OPERATION

a. What part of the week is vehicle usually used? *("X" ONE box)*

1 ☐ Five-day week (Monday through Friday)
2 ☐ Six-day week, including Saturday, but not Sunday
3 ☐ Six-day week, including Sunday, but not Saturday
4 ☐ Week-ends only (Saturday or Sunday)
5 ☐ Seven-day week

b. "X" one or more boxes to indicate the quarter in which the vehicle is used. If the vehicle is used during each quarter, "X" only the "all year" box.

1 ☐ All year
2 ☐ January - February - March
3 ☐ April - May - June
4 ☐ July - August - September
5 ☐ October - November - December

20. NUMBER OF TRUCKS, TRUCK-TRACTORS, AND TRAILERS OPERATED FROM "HOME BASE" AS OF JULY 1, 1963

All previous questions have been about the vehicle described on the front page of this report. This question is about OTHER trucks and combinations you may be operating from the HOME BASE shown in Question 17.

Were you operating ANY OTHER trucks, truck-tractors, semi-trailers or full trailers from this home base as of July 1, 1963? *("X" ONE box)*

☐ No ☐ Yes *(If "Yes," please enter below the number of trucks by each body type, the total number of truck-tractors, and the number of semi-trailers and full trailers. DO NOT INCLUDE THE VEHICLE DESCRIBED ON PAGE 1.)*

TRUCKS

Type	Number: Owned	Number: Leased
Standard panel, sedan delivery, compact van, station wagon, pick-up, multi-stop, walk-in	11	21
Platform, stake, grain, open top van or cattle rack	12	22
Closed top non-refrigerated or furniture van	13	23
Refrigerated van	14	24
Tank	15	25
Dump	16	26
Other trucks	17	27

TRUCK-TRACTORS

Total number of truck-tractors owned	30
Total number of truck-tractors leased	40

SEMI-TRAILERS AND FULL TRAILERS

Type	Number: Owned	Number: Leased
Platform, stake, grain, or open top van	52	62
Closed top non-refrigerated van	53	63
Refrigerated van	54	64
Tank	55	65
Dump	56	66
Other semi-trailers or full trailers	57	67

21. CERTIFICATION

Name and address of person who should be contacted regarding this report

Telephone No.

This report is substantially accurate.

Date	Title	Signature of authorized person