

2024 National Census of Ferry Operators

U.S. Department of Transportation
Bureau of Transportation Statistics

ferry@dot.gov

WHO IS INCLUDED IN THE 2024 CENSUS OF FERRY OPERATORS?

The geographic scope of the 2024 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, American Samoa 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 (for example, the British Virgin Islands).

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 THE 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 (202) 875-4799 or email Ferry@dot.gov.

WHY IS THIS DATA 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.

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 February 28, 2026). If you have questions or comments about this survey, please call (202) 875-4799 or email Ferry@dot.gov.

USES OF THE SURVEY DATA FOR FUNDING PURPOSES

Information provided on number of 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 2024 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 2024 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 2024 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.
- If you need assistance, please call (202) 875-4799 or email ferry@dot.gov.

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1. Please provide the following information on your operation.

Company | Operator Name:

Address Line 1:

Address Line 2:

City:

State/Territory/Province:

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)

Was this ferry operation being serviced under contract by a company other than the operator name stated above in 2024?

YES

NO

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



Operator ID Number

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 and/or Public Transit

Pleasure, Recreational, and/or Tourism

Lifeline Service

Roadway Connector

National Park Service Access

Emergency Service

Other

4. Please indicate the percentage of your operation's annual revenues for calendar year 2024 that came from each of the following sources.

?: 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

% TOTAL

Percentages must add up to 100%

5. Does this Operation Receive Public Funding Sources?

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
	State	Local		
Federal	State	Local		
Federal	State	Local		
Federal	State	Local		
Federal	State	Local		
Federal	State	Local		

6. Please list and provide the vessel name, number, and call sign for each vessel in your fleet during calendar year 2024 (include unpowered barges and powered tugs used for ferry service).

Vessel In-Service Type

- Powered Ferry,
- Barge (Unpowered), or
- Tug

	Vessel Name	USCG Vessel Number	MMSI Number	Call Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

7. For each vessel in your fleet during calendar year 2024 please indicate its service status in 2024.

If NO (vessel was not in service), indicate if it was sold, decommissioned or is temporarily out of service.

	Vessel Name	Vessel In-Service? (for your operation)		Sold	Decommissioned	Sold	Decommissioned	Temporarily
		YES	NO	Prior to 2024	Prior to 2024	in 2024	in 2024	Out-of-Service
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					

8. For each vessel in your fleet during calendar year 2024 please indicate the cargo type, and passenger (not including crew) and vehicle carrying capacity whether or not it was in service in 2024. Vehicle capacity is the number of cars that each vessel can carry (assuming all cars are 20 feet long).

	Vessel Name	Vessel Cargo Type (Check All that Apply)			Passenger Capacity	Vehicle Capacity
1		Passengers	Vehicles	Freight		
2		Passengers	Vehicles	Freight		
3		Passengers	Vehicles	Freight		
4		Passengers	Vehicles	Freight		
5		Passengers	Vehicles	Freight		
6		Passengers	Vehicles	Freight		
7		Passengers	Vehicles	Freight		
8		Passengers	Vehicles	Freight		
9		Passengers	Vehicles	Freight		
10		Passengers	Vehicles	Freight		

9. For each vessel in your fleet please indicate whether the vessel was publicly or privately OWNED, in calendar year 2024. If publicly owned (in whole or in part) please list the name of the public owner.

If ownership is public or both, please provide the public ownership name

	Vessel Name	Vessel Ownership			Public Ownership Name
1		Private	Public	Both	
2		Private	Public	Both	
3		Private	Public	Both	
4		Private	Public	Both	
5		Private	Public	Both	
6		Private	Public	Both	
7		Private	Public	Both	
8		Private	Public	Both	
9		Private	Public	Both	
10		Private	Public	Both	

10. For each vessel in your fleet please indicate whether the vessel was publicly or privately OPERATED, in calendar year 2024. If publicly operated (in whole or in part) please list the name of the public operator.

If operation is public or both, please provide the public operator name

	Vessel Name		Vessel Operation			Public Operator Name
1		Private	Public	Both		
2		Private	Public	Both		
3		Private	Public	Both		
4		Private	Public	Both		
5		Private	Public	Both		
6		Private	Public	Both		
7		Private	Public	Both		
8		Private	Public	Both		
9		Private	Public	Both		
10		Private	Public	Both		

11. For each vessel in your fleet during calendar year 2024 please list the fuel type and the typical fuel mileage (gallons per hour) or vessel service hours.

Vessel Name	Fuel Type Used						If OTHER– Please Specify	Fuel Mileage (gallons/hour)	Service Hours
1	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
2	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
3	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
4	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
5	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
6	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
7	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
8	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
9	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		
10	Diesel	Gasoline	Biodesel	Electric	Diesel-Electric Hybrid		Other		

12. For each vessel in your fleet during calendar year 2024 please denote if the vessel was accessible to persons with disabilities, state the year the vessel was built, the lifespan of the vessel, and the number of nautical miles the vessel traveled in 2024, as well as the typical operating speed of the vessel.

Vessel Name	Accessible to Persons with Disabilities?	Year Built	Expected Lifespan Remaining (Years)	Distance Traveled in 2024 (Nautical Miles)	Operating Speed (Knots)
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				

13. Please list the name and location (city and state or province) and service status of each ferry terminal served by your operation in 2024.

If NO (terminal was not in service), indicate if it was removed from operations prior to or in 2024.

	Terminal Name	City	State/Territory/Province	Terminal In-Service? (for your operation)		Prior to 2024	In 2024	Temporarily Out-of-Service
				YES	NO			
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			

14. For each terminal please indicate 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		Terminal Modes of Transportation Access (Mark all applicable)						If OTHER—Please Specify	
1	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
2	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
3	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
4	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
5	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
6	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
7	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
8	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
9	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	
10	Parking	Local Bus	Intercity Bus	Local Rail	Intercity Rail	Bike Share	None	Other	

15. For each terminal please indicate whether the terminal was publicly or privately OWNED, during calendar year 2024. If publicly owned (in whole or in part) please list the name of the public owner.

If ownership is public or both, please provide the public ownership name

	Terminal Name	Terminal Ownership			Public Ownership Name
1		Private	Public	Both	
2		Private	Public	Both	
3		Private	Public	Both	
4		Private	Public	Both	
5		Private	Public	Both	
6		Private	Public	Both	
7		Private	Public	Both	
8		Private	Public	Both	
9		Private	Public	Both	
10		Private	Public	Both	

16. For terminal please indicate whether the terminal was publicly or privately OPERATED, during calendar year 2024. If publicly operated (in whole or in part) please list the name of the public operator.

If operation is public or both, please provide the public operator name

Terminal Name	Terminal Operation			Public Operator Name
1	Private	Public	Both	
2	Private	Public	Both	
3	Private	Public	Both	
4	Private	Public	Both	
5	Private	Public	Both	
6	Private	Public	Both	
7	Private	Public	Both	
8	Private	Public	Both	
9	Private	Public	Both	
10	Private	Public	Both	

17. Please list the individual route segments and service status of each segment served by your operation in 2024. 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.

If NO (segment was not in service), indicate if it was removed from operations prior to or in 2024.

	Route Origin	Route Destination	Segment In-Service? (for your operation)		If NO (segment was not in service), indicate if it was removed from operations prior to or in 2024.		
			YES	NO	Prior to 2024	In 2024	Temporarily Out-of-Service
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			

18. 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, segment travel time, and number of trips per year.

	Route Origin	Route Destination	Segment Length (Nautical Miles)	Segment Travel Time			Number of Trips/Year
				Hours	Min.	Sec.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

19. 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 and select if it is or is not operated year round. If the segment is not operated year round, please note the start and end dates during which the individual route segment was served.

	Route Origin	Route Destination	Is Segment is a Year Round Operation? (01/01 to 12/31)		Season Start (mm/dd)	Season End (mm/dd)
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		

20. For each route segment, please list the name of the vessels MOST used on the segment in calendar year 2024.

	Route Origin	Route Destination	Vessel 1 (most used vessel)	Vessel 2 (2 nd most used vessel)	Vessel 3 (3 rd most used vessel)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

21. For each route segment, please indicate whether the fares are regulated (set) by a public agency for calendar year 2024. If the fares are regulated, please include the name of the agency.

	Route Origin	Route Destination	Fares Regulated? (for your operation)		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	

22. Please report the 2024 calendar year total and 2024 daily average of passenger and vehicle boardings for the route segment. Report only unique segment boardings (i.e., not those already onboard from a previous segment). Please include the total number of occupants in each vehicle in your passenger counts to avoid underreporting.

	Route Origin	Route Destination	PASSENGERS		VEHICLES	
			Average Daily	In Total (2024)	Average Daily	In Total (2024)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

23. 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



24. Please provide your title, name and signature below to certify that your responses to the 2024 National Census of Ferry Operators are to the best of your knowledge accurate and have been prepared from approved company data.

Respondent Title

Respondent Name

Signature

Thank you for completing the 2024 NCFO!

Please return this survey in the enclosed envelope or send to:

NCFO Program Manager
U.S. Department of Transportation
Bureau of Transportation Statistics, RTS-10
1200 New Jersey Avenue SE
Washington, D.C. 20590

If you have any questions please contact us at: FERRY@DOT.GOV
or
(202) 875-4799